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# ANNUAL REPORT

OF THE

Medical Officer of Health

AND

Principal School Medical Officer

FOR

1959

ON THE

**HEALTH, WELFARE, AND  
SCHOOL HEALTH SERVICES**

KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.  
*Medical Officer of Health*



COUNTY BOROUGH OF EASTBOURNE

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HEALTH AND WELFARE SERVICES DEPARTMENT,  
AVENUE HOUSE,  
EASTBOURNE.  
*September, 1960.*

MADAM MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the sixty-eighth in the series of Annual Reports which now compasses a wide range of Health and Welfare Services. Last year's Report contained a full account of all services together with a review of the first ten years of the National Health Service. The past year has seen improvement to existing services and much preparatory work in relation to the mental health and welfare services.

*Statistical*

I was able to report last year the culmination of a number of years of exceptionally low infantile mortality in an all-time record of 9.9 noting, however, that the total number of births under consideration was relatively small. It is with particular regret, therefore, that I have to report a most unexpected setback to a rate of 38 per 1,000 live births. The causes of death are set out on page 18 from which it will be noted that almost half the total were associated with congenital abnormalities. From follow-up enquiries made there do not seem to be any obvious preventable factors, although it is of interest to note that none of the mothers of the twenty-two deceased infants availed themselves of courses of ante-natal health education or relaxation classes freely available in the Department.

The total number of deaths from accidents, thirty-four, was the highest recorded during the past decade and far exceeds the number of deaths from communicable disease of all kinds—an indication of the necessity of keeping preventive effort geared to the current problems of the community.

*Mental Health Act, 1959*

Consultation took place during the year with neighbouring Local Health Authorities, Hospital Authorities, and with general practitioners prior to the formulation of the requisite proposals to the Minister of Health. In this connection, the requirements of the Act so far as the mentally subnormal are concerned represent at the most an acceleration of a programme of institutional and community care already accepted and implemented by the Council.

In the matter of the care of the mentally ill, the pattern of development and respective responsibility of the Local Health Authority, the mental and general hospitals, and the general practitioner is by no means so clear and is complicated locally by the high average age of the population. A conception of the mental hospital, now to be known as a psychiatric hospital, admitting only persons who are likely to benefit from active psychiatric treatment with a view to early discharge to the community leaves some other authority responsible for dealing with the mentally ill who require custodial care and long-term residential



care. This group includes substantial numbers of hallucinated, deluded, disorientated, restless, confused, and agitated persons. The problem raised in caring for such persons without powers of direction or detention and in the absence of a reservoir of experienced staff is indeed a formidable one.

### *Child Welfare*

The Mental Health Act reaffirms the duty of the Local Health Authority in the prevention of illness and the promotion of sound mental health in the community. In this connection, the health visitors are very conscious of their part in working towards healthy and firmly-based parent/child relationships. Whilst the child welfare clinic has a continuing part to play in the promotion of sound physical health devolving in no small degree from healthy feeding habits, of no less importance is the newer function in relation to mental welfare. It is particularly encouraging, therefore, to note on pages 20 and 21 that child welfare clinic attendances were again substantially increased for the fifth successive year.

### *Day Nursery Care*

When a mother is out at work there is no better place for the care of a young child than a well-run day nursery. The benefits of regular routine, habit training, companionship, and medical supervision for these children are very great. The material cost of the service is probably insignificant in relation to the contribution made towards the well-being of the child. The average daily attendances during the year were the highest ever. Miss Kennedy and her staff are to be complimented upon the health record of the children during the year.

### *Chiropody*

The Health Services Committee lost no time in implementing a chiropody service on receipt of Circular No. 11/59. Following a careful survey of local need and consultation with local chiropodists in private practice, a decision was taken empowering the Department to commence a direct service in the Corporation's clinics initially by one whole-time chiropodist. Valuable work has been undertaken by the British Red Cross Society in the maintenance of a chiropody clinic in recent years. The popularity of this clinic and its ever-lengthening waiting list clearly pointed the way for local authority action.

### *Acknowledgments*

I desire to thank you, Madam Mayor, the members of the respective Committees and the Council for sympathetic and helpful consideration which the many and sometimes expensive recommendations in respect of Health and Welfare Services have invariably received. Tribute must also be paid to the loyal support of the staff enabling the work to be carried forward with an effective team spirit.

I am, Madam Mayor, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,

*Medical Officer of Health.*



## PUBLIC HEALTH COMMITTEE

(as constituted at 31st December, 1959)

*The Mayor:*

COUNCILLOR J. W. G. HOWLETT, J.P.

*Chairman:*

COUNCILLOR J. B. COVENTRY

*Deputy Chairman:*

COUNCILLOR B. RAVEN

*Alderman:*

A. L. D. SKINNER

*Councillors:*

MISS M. M. M. FENWICK-OWEN

MRS. W. L. LEE

MISS F. M. LLEWELLYN

F. O. SOLLY

## HEALTH SERVICES COMMITTEE

(as constituted at 31st December, 1959)

*The Mayor:*

COUNCILLOR J. W. G. HOWLETT, J.P.

*Chairman:*

COUNCILLOR S. R. TOMSETT

*Deputy Chairman:*

MRS. F. M. LLEWELLYN

*Alderman:*

S. M. CAFFYN

*Councillors:*

R. F. AKEHURST

J. B. COVENTRY

S. W. HOLDEN

A. S. HULBERT

MRS. W. L. LEE

*Co-opted Members:*

MR. D. R. GENT—Eastbourne Executive Council

DR. J. EMSLIE—Eastbourne Local Medical Committee

MR. E. G. WATT—Eastbourne Hospital Management Committee

## WELFARE SERVICES COMMITTEE

(as constituted at 31st December, 1959)

*The Mayor:*

COUNCILLOR J. W. G. HOWLETT, J.P.

*Chairman:*

COUNCILLOR W. P. LEBBON

*Deputy Chairman:*

COUNCILLOR G. A. RAINEY, J.P.

*Alderman:*

MISS E. M. THORNTON, O.B.E., J.P.

*Councillors:*

R. E. AKEHURST  
A. S. HULBERT  
MRS. W. L. LEE  
S. R. TOMSETT  
D. W. TOWNSEND

## COMMITTEES

The regular business of the respective Committees remained as set out in my Annual Report for 1953.

## PUBLIC HEALTH DEPARTMENT STAFF

*Medical Officer of Health:*

KENNETH A. O. VICKERY, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

*Deputy Medical Officer of Health:*

THOMAS ALFRED PLUMLEY, M.B., B.S., M.R.C.S.(Eng.), D.P.H., D.Obst.,  
R.C.O.G.

*Assistant Medical Officer of Health:*

MARJORIE I. GODSON, M.B., Ch.B.

*Chief Dental Officer:*

M. G. BERRY, L.D.S., R.C.S.

*Assistant Dental Officer:*

J. W. MARTIN, L.D.S.

*Chief Public Health Inspector:*

ARTHUR LINDFIELD, Cert.R.S.I.

*Deputy Chief Public Health Inspector:*

F. T. RIPPIN, Cert.S.I.B.

*Public Health Inspectors:*

J. N. CONNELL, Cert.S.I.B.  
L. G. HOWARD, Cert.S.I.B.  
A. MATTHEWS, Cert.S.I.B.  
G. N. RICHARDS, Cert.S.I.B.

*Pupil Public Health Inspector:*

V. J. CLINCH (from 5.10.59)

*Superintendent of Home Nursing Service and Non-Medical Supervisor of Midwives:*

MISS N. E. RUSSELL, R.F.N., S.R.N., S.C.M., Q.N., H.V.Cert.

*Domiciliary Nurses:*

*(a) Whole-time:*

MISS R. N. ANDREWS, S.R.N., Q.N.  
MRS. I. BOOTHROYD, S.R.N., R.F.N., Q.N.  
MISS D. W. COOPER, S.R.N.  
MRS. W. G. HARRIOTT, S.R.N.  
MR. G. J. HUNT, S.R.N., Q.N.

MRS. J. E. JERRATT, S.R.N., Q.N. (Senior)  
MRS. G. M. MEEN, S.R.N.  
MRS. F. A. PURCHASE, S.R.N.  
MRS. J. E. RAINSLEY, S.R.N.  
MR. A. ROTCHELL, S.R.N., Q.N.  
MRS. N. SPENCE, S.R.N., S.C.M., Q.N.  
MISS A. M. WILLIS, S.R.N., S.C.M., Q.N.  
MISS E. WOODS, S.R.N.

*(b) Part-time:*

MISS D. EZZARD, S.R.N., S.C.M., Q.N.  
(Part-time Home Nurse and Midwife)  
MRS. J. S. MILLICHAMP, S.E.A.N.  
MRS. M. E. SCOTT, S.E.A.N.  
MRS. M. W. TUTT, S.R.N.  
MRS. A. M. URIDGE, S.E.A.N.  
MISS E. A. VOICE, S.R.N. (from 12.10.59)

*Domiciliary Midwives:*

MISS M. A. BENNETT, S.C.M.  
MISS F. M. SCAMMELL, S.R.N., S.C.M.  
MISS D. EZZARD, S.R.N., S.C.M., Q.N.  
(Part-time Midwife and Home Nurse)

*Superintendent Health Visitor:*

MRS. S. M. JAMES, S.R.N., H.V.Cert.

*Health Visitors:*

MISS B. D. BEALE, S.R.N., S.C.M., H.V.Cert. (from 11.5.59)  
MISS J. C. BERK, S.R.N., H.V.Cert.  
MISS E. L. CLARK, S.R.N., H.V.Cert.  
MRS. D. I. DALE, S.R.N., S.C.M., H.V.Cert.  
MRS. L. FOSTER, S.R.N., S.C.M., H.V.Cert. (to 11.9.59)  
MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert.  
MISS M. G. HEMMING, S.R.N., H.V.Cert.  
MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.  
MISS B. E. KEEN, S.R.N., S.C.M., H.V.Cert.  
MISS R. E. TOPHAM, S.R.N., S.C.M., H.V.Cert. (from 20.10.59)

*Home Teacher of the Blind:*

MISS E. E. INESON

*Senior Duly Authorised Officer and Welfare Services Officer:*

V. O. F. LITTLE

*Duly Authorised Officer and Assistant Welfare Officer:*

H. A. HURT

*Duly Authorised Officer and Female Mental Health Worker:*

MISS N. G. FULLER

*Part-time Duly Authorised Officer:*

MRS. L. FOSTER, S.R.N., S.C.M., H.V.Cert.

*Trainee Welfare Assistant:*

G. M. FITZHUGH (from 21.12.59)

*Clerical Staff:*

E. TARBUCK, Administrative Officer  
R. G. LARCHER, Senior Clerk (to 29.11.59)  
W. L. PECK, Senior Clerk (from 1.12.59)  
I. J. USHER

MISS G. E. WOODS  
 MISS D. M. BEETLESTONE  
 MISS M. S. HARDY  
 MRS. V. HARDY-KING  
 MISS V. M. RANGER  
 MISS D. J. PARK  
 MISS J. HARRIOTT  
 MISS J. E. J. CUCKNEY  
 E. G. ELKINGTON  
 MRS. N. N. G. PEATE (from 6.4.59)

*Dental Attendants:*

MRS. D. D. STONER  
 MISS A. BRIDGEN (to 11.12.59)  
 MISS D. WARD (from 8.12.59)

*Chest Physician (Part-time):*

A. H. FERGUSON GOW, M.R.C.S., L.R.C.P.  
 (Chest Physician, S.E. Metropolitan Regional Hospital Board)

*Public Analyst:*

R. F. WRIGHT, B.Sc.(Lond.), A.R.C.S., F.R.I.C. (to 6.9.59)  
 V. C. BRANSON, B.Sc.(Lond.), A.R.C.S., F.R.I.C.

*Occupation Centre, Salehurst Road:*

MISS D. S. LONES (Supervisor)

*Princes Park Day Nursery:*

MISS M. J. KENNEDY (Matron)

## Staff of Public Health Department

(31st December, 1959)

	<i>Full-time</i>	<i>Part-time</i>	<i>Total</i>
Medical Officer of Health, Deputy and Assistant	3	—	3
Dental Officers .. .. .	2	—	2
Clerical Staff, including School Health and Home Nursing Services .. .. .	17	—	17
Dental Attendants .. .. .	2	—	2
Public Health Inspectors .. .. .	6	—	6
Health Visitors .. .. .	10	—	10
Home Nurses (including Superintendent) ..	15	5	20
District Nurse/Midwife .. .. .	1	—	1
Domiciliary Midwives .. .. .	2	—	2
Blind Visitor .. .. .	1	—	1
Welfare Officer and Authorised Officers ..	3	—	3
Welfare Trainee Assistant .. .. .	1	—	1
Day Nursery .. .. .	8	5	13
Occupation Centre .. .. .	4	2	6
Old People's Homes .. .. .	30	11	41
The Knowle (Home for Temporarily Homeless)	—	2	2
Old Town and Seaside Baths .. .. .	7	1	8
Domestic Helps .. .. .	1	36	37
Rodent Operators .. .. .	2	—	2
Others—i.e., Cleaners, Caretakers, Van Driver ..	2	6	8
	117	68	185

The duties of the Senior Public Health Officers remained as set out in my Annual Report for 1953.

# SECTION A

## GENERAL

Vital Statistics

Notification of Births

General Information—Natural and Social Conditions

## VITAL STATISTICS

Estimated Mid-Year Population—57,800

<b>Births</b>				<i>Male</i>	<i>Female</i>	<i>Total</i>
Live Births—	Legitimate	..	..	267	275	542
	Illegitimate	..	..	22	15	37
				—	—	—
				289	290	579
				—	—	—
Still Births—	Legitimate	..	..	1	4	5
	Illegitimate	..	..	—	1	1
				—	—	—
				1	5	6
				—	—	—

## Deaths

All Causes	..	..	..	..	452	595	1,047
					—	—	—

*England  
Eastbourne & Wales*

Live Births:						
Number	..	..	..	..	579	—
Rate per 1,000 population	..	..	..	..	10.02	16.5
Live Birth Rate per 1,000 population after applying “Area Comparability Factor” (1.14)					11.42	—
Illegitimate Live Births per cent. of total live births					6.39	—
Still Births:						
Number	..	..	..	..	6	—
Rate per 1,000 total live and still births	..	..	..	..	10.26	20.7
Total Live and Still Births					585	—
Infant Deaths (deaths under one year)					22	—
Infant Mortality Rates:						
Total Infant Deaths per 1,000 total live births					38.00	22.0
Legitimate Infant Deaths per 1,000 legiti- mate live births					38.75	—
Illegitimate Infant Deaths per 1,000 illegitimate live births					27.03	—
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)					31.09	15.8

	<i>Eastbourne</i>	<i>England &amp; Wales</i>
Early Neo-natal Mortality Rates (deaths under one week per 1,000 total live births) ..	25·9	—
Perinatal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births) .. .. .	35·9	—
Maternal Mortality (including abortion):		
Number of deaths .. .. .	1	—
Rate per 1,000 total live and still births ..	1·71	0·38
Death Rate (Crude) per 1,000 population ..	18·11	11·6
Death Rate after applying "Area Comparability Factor" (0·65) .. .. .	11·77	—
Deaths from Tuberculosis .. .. .	6	—
Tuberculosis Death Rate per 1,000 population	0·10	0·08

### **Causes of Death**

	<i>Males</i>	<i>Females</i>	<i>Total</i>
'Tuberculosis, respiratory .. .. .	6	—	6
Syphilitic disease .. .. .	—	1	1
Other infective and parasitic diseases ..	2	1	3
Malignant neoplasm, stomach .. .. .	8	10	18
Malignant neoplasm, lung, bronchus ..	30	7	37
Malignant neoplasm, breast .. .. .	—	22	22
Malignant neoplasm, uterus .. .. .	—	9	9
Other malignant and lymphatic neoplasms ..	44	48	92
Leukaemia, aleukaemia .. .. .	2	1	3
Diabetes .. .. .	—	1	1
Vascular lesions of the nervous system ..	60	111	171
Coronary disease, angina .. .. .	96	86	182
Hypertension with heart disease .. .. .	8	11	19
Other heart disease .. .. .	76	133	209
Other circulatory disease .. .. .	16	30	46
Influenza .. .. .	4	9	13
Pneumonia .. .. .	17	29	46
Bronchitis .. .. .	20	5	25
Other diseases of the respiratory system ..	4	3	7
Ulcer of stomach and duodenum .. .. .	5	5	10
Gastritis, enteritis and diarrhoea .. .. .	—	3	3
Nephritis and nephrosis .. .. .	2	4	6
Hyperplasia of prostate .. .. .	7	—	7
Pregnancy, childbirth, abortion .. .. .	—	1	1
Congenital malformations .. .. .	5	5	10
Other defined and ill-defined diseases ..	22	33	55
Motor vehicle accidents .. .. .	2	5	7
All other accidents .. .. .	13	14	27
Suicide .. .. .	2	8	10
Homicide .. .. .	1	—	1
	<hr/> 452	<hr/> 595	<hr/> 1,047



# Age Mortality

					Males	Females	Total
Under 1	..	..	..	..	10	12	22
1-5	..	..	..	..	—	1	1
5-15	..	..	..	..	2	1	3
15-25	..	..	..	..	2	2	4
25-45	..	..	..	..	14	9	23
45-65	..	..	..	..	75	79	154
65-75	..	..	..	..	138	117	255
75 and over	..	..	..	..	211	374	585
					452	595	1,047

# Deaths from Cancer

	Year	Population	Age Groups						Total Deaths	Death Rate per 1,000 Population
			0-1	1-5	5-15	15-45	45-65	65 and over		
Ten Years	1939	59,470	—	—	1	12	69	30	112	1.88
	1940	53,760	—	1	—	4	37	53	95	1.76
	1941	27,750	—	—	—	1	24	48	73	2.64
	1942	30,960	—	—	—	4	30	48	82	2.68
	1943	27,380	—	—	—	3	29	52	84	3.06
	1944	27,980	—	—	—	2	26	67	95	3.43
	1945	39,300	—	1	—	6	43	79	129	3.28
	1946	49,790	—	—	—	4	54	69	127	2.53
	1947	53,540	—	—	—	7	31	87	125	2.33
	1948	56,610	—	1	1	5	35	92	134	2.36
	Total	—	—	3	2	48	378	625	1,056	—
Ten Years	1950	58,050	—	—	—	9	54	100	163	2.80
	1951	57,510	1	1	1	4	46	77	128	2.22
	1952	57,200	—	—	—	4	46	94	144	2.51
	1953	57,190	—	—	—	8	55	85	148	2.61
	1954	57,600	—	—	—	4	33	96	133	2.30
	1955	57,830	—	1	—	3	51	113	168	2.91
	1956	57,850	—	—	—	5	46	103	154	2.66
	1957	57,800	—	—	—	3	58	124	185	3.20
	1958	57,680	—	—	—	9	40	121	170	2.95
	1959	57,800	—	—	1	5	84	91	181	3.13
	Total	—	1	2	2	54	513	1,004	1,574	—



## NOTIFICATION OF BIRTHS

One thousand and one live births and sixteen still births took place in the Borough and were notified to the Local Authority. Five hundred and sixty-two live births and six still births were to mothers resident in Eastbourne and four hundred and thirty-nine live births and ten still births were to mothers resident outside the Borough. In addition there were seven transfers of live births relating to Eastbourne mothers confined elsewhere.

### Analysis of Notifications

	<i>Residents</i>		<i>Non-Residents</i>		<i>Total</i>		<i>Total</i>
	<i>Live Births</i>	<i>Still Births</i>	<i>Live Births</i>	<i>Still Births</i>	<i>Live Births</i>	<i>Still Births</i>	<i>All Births</i>
<b>DOMICILIARY</b>							
Local Authority							
Midwives .. ..	68	—	—	—	68	—	68
Inward Transfers ..	3	—	—	—	3	—	3
	71	—	—	—	71	—	71
<b>INSTITUTIONAL</b>							
Maternity Home ..	353	2	124	1	477	3	480
St. Mary's Hospital	138	4	315	9	453	13	466
Nursing Homes ..	—	—	—	—	—	—	—
Inward Transfers ..	7	—	—	—	7	—	7
Total Institutional ..	498	6	439	10	937	16	953
Total, All Births, 1959	569	6	439	10	1,008	16	1,024
Notified Births, 1958	610	8	418	9	1,028	17	1,045

## GENERAL INFORMATION, NATURAL AND SOCIAL CONDITIONS

### Situation

Latitude 50° 46' N. : Longitude 0° 17' E.

Eastbourne is situated on and at the foot of the eastern slope of the South Downs, facing the English Channel, with an open exposure south and south-east.

### Elevation

The highest point is about 640 feet above sea level on the Downs, sloping from the west to a minimum of 6.58 feet above highest mean sea level in the east of the Borough.

## Area

The acreage of the Borough is 11,356 acres, including foreshore (332 acres) and inland water (19 acres).

## Density of Population

Approximately five persons per acre. The parts built over vary with locality from ten to fifty with an average of about twenty persons per acre.

NUMBER OF SEPARATE ASSESSMENTS: 22,713.

RATEABLE VALUE year ended 31st March, 1960: £1,422,922.

GENERAL RATE: 15s. 4d.

PRODUCT OF A 1D. RATE: £5,730.

METEOROLOGY—60 years' averages:

*Temperature:* Max., 55·9°F.; Min., 45·5°F.; Mean, 50·7°F.  
Sea, 51·9°F.

*Sunshine:* Total, 1,811·1 hours; Daily, 4·96 hours.

*Rainfall:* Total, 31·25 inches; Days, 165.

## Natural Features

The Borough is sheltered from the west and south-west by the Downs. The front is open to the sea to the south and south-east. This factor ensures a very large amount of sunshine, as is shown by the records extending over a considerable number of years.

The extent of the Borough compared with the number of houses and population provides for large open spaces and gardens conducive to health.

In accordance with a Local Act of 1936 the Corporation obtained by agreement lands forming part of the Downs in the neighbourhood of the Borough. The whole of the Downs on the west is open country and mainly accessible to the public.

## Geology

A large part of Eastbourne is on a chalk subsoil which is very healthy subsoil. The western part of the town including Meads, Old Town and Upperton is almost entirely on chalk. The central and eastern districts are mainly on dry alluvium or shingle and to a small extent on chalk and greensand. Valley gravel covers the chalk and greensand in the valleys.

There is a comparatively small amount of clay in the central part of the town and a strip of upper greensand narrow along the Grand Parade, wider from west to east to about Bourne Street, narrowing again until it ends about half a mile east of the pier. The remainder of Eastbourne to the east is on alluvium. Hampden Park to the north-west is on greensand and clay just at the termination of the chalk.

## **General**

The climate is invigorating and has a tonic effect. The winter sunshine records are among the highest in the country and the daily range in temperature small. The average night temperature from December to February is higher than that of the French and Italian Riviera and the daily variation in temperature less.

The dry soil, sunshine and bracing air combined with the many amenities make Eastbourne a particularly favourable health and holiday resort.

## **Visitors to Eastbourne**

All the many services of the Department, including Home Nursing, were made as freely available to visitors as staffing would permit without detriment to local residents.

Numerous enquiries from all over the British Isles regarding climate, nursing homes and the suitability of Eastbourne for retirement in relation to specific disabilities were answered.

## SECTION B

### NATIONAL HEALTH SERVICE ACT (LOCAL HEALTH SERVICES)

Health Services: Financial Statistics

Section 22—Care of Mothers and Young Children

- „ 23—Midwifery
- „ 24—Health Visiting
- „ 25—Home Nursing
- „ 26—Vaccination and Immunisation
- „ 27—Ambulance Service
- „ 28—Prevention of Illness, Care and After Care
- „ 29—Domestic Help
- „ 51—Mental Health

### HEALTH SERVICES STATISTICS

The total gross expenditure on the Health Services during the financial year ended 31st March, 1959, was £82,276, towards which an exchequer grant of £33,017 was received. After deducting other income, the net rate borne expenditure was £35,004, representing £606 17s. 0d. per 1,000 population compared with an average expenditure of £621 11s. 0d. per 1,000 population for all County Boroughs.

The figures of expenditure have been obtained from the Borough Treasurer's Abstract of Account and unit costs from the Return of Local Health Services Statistics published by the Institute of Municipal Treasurers and Accountants (Incorporated).

### MATERNAL AND CHILD CARE

#### Ante-natal and Post-natal Care

Health education and relaxation and exercise classes were conducted weekly at Avenue House Clinic by the health visitors and midwives. A high proportion of expectant mothers in the town including many booked for confinement in the local hospitals attended these classes, which again included practical demonstrations directed towards the attainment of sound nutrition in the expectant mother. I am indebted to Miss Lilley, Home Service Adviser, South Eastern Gas Board, for her practical help and co-operation in putting over these demonstrations.

During each course covering a period of eight weeks parentcraft evenings attended by wives and husbands were held by the medical and health visiting staff.

Details of sessions and attendances are as follows:

Number of sessions held	..	..	..	54
Total attendances	..	..	..	1,019
Number of expectant mothers attending	..			485
Number of new cases	..	..	..	252
Number examined by medical officers	..	..	..	—
Number of blood specimens taken for Rh factor				89
Number referred for dental treatment to local authority's dental centre	..	..	..	11
Number referred to own doctor	..	..	..	33

## Maternal, Infantile and Child Mortality

One Eastbourne mother died from causes associated with pregnancy and childbirth, the first since 1955.

The patient, aged 29 years, died in St. Mary's Hospital following the birth of a stillborn child.

In co-operation with her general medical practitioner and the Hospital Consultant Obstetrician and Gynaecologist, a report was submitted to the Regional Assessor of the Ministry of Health.

Regrettably, and following a number of years in which Eastbourne has had record low infant mortality figures, twenty-two infants (twelve female and ten male) died under one year of age. One child died between the age of one and five years.

Details are as follows:

## Death of Infants Under One Year of Age

<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
1 day	F	I. (a) Atelectasis of the lungs with prematurity
6 weeks	F	I. (a) Acute influenzal broncho-pneumonia
1 day	M	I. (a) Respiratory failure due to incomplete expansion of left lung
15 mins.	M	I. (a) Congenital cystic disease of the kidneys
3 months	M	I. (a) Acute bronchitis probably of virus origin
1 day	M	I. (a) Cerebral haemorrhage
1 hour	M	I. (a) Prematurity 34 weeks
		II. Patent inter-auricular septum
9 days	M	I. (a) Sub-dural haemorrhage
		(b) Following breech delivery
7 hours	M	I. (a) Prematurity (28 weeks gestation)
9 hours	M	I. (a) Anoxia
		(b) Poorly expanded lungs
		(c) Patent inter-auricular septum
12 hours	M	I. (a) Cerebral haemorrhage
		(b) Tentorial tear at birth
2 weeks	F	I. (a) Intestinal Atresia
		II. Prematurity



<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
30 mins.	F	I. (a) Non-expansion of the lungs, associated with (b) Accidental haemorrhage (c) Patent inter-auricular septum defect
4 days	M	I. (a) Acute Cor Pulmonale (b) Non-expansion of the left lung (c) and partial expansion of the right lung
1 week	F	I. (a) Congenital cardiac abnormality II. Acute gastro-enteritis
12 hours	F	I. (a) Prematurity (b) Acute Partum haemorrhage
6 months	F	I. (a) Broncho pneumonia
1 day	F	I. (a) Anencephaly
20 mins.	F	I. (a) Atelectasis (b) Prematurity
1 month	F	I. (a) Hepatic Necrosis (b) Septicaemia (c) Respiratory infection
2 days	F	I. (a) Prematurity (b) Twinning
2 days	F	I. (a) Hydrocephalus with spina bifida and talipes

*Deaths of Children aged One to Five Years*

<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
2 years	F	I. (a) Drowning. Immersion in water tank. Misadventure

**Maternal and Infantile Mortality, 1894-1959**

<i>Years</i>	<i>Infant Deaths</i>	<i>Infantile Mortality Rate</i>	<i>Maternal Deaths</i>	<i>Maternal Mortality Rate</i>
1894-1903 Average .. ..	108.5	118.2	3.6	4.56
1904-1913 Average .. ..	79.3	96.6	2.6	2.91
1914-1923 Average .. ..	52.3	68.8	1.5	1.93
1924-1933 Average .. ..	30.0	45.7	1.5	2.20
1934-1943 Average .. ..	23.6	42.4	2.1	3.72
1944-1953 Average .. ..	17.4	23.42	1	1.25
1954 .. .. .	8	13.07	—	—
1955 .. .. .	10	18.08	1	1.76
1956 .. .. .	8	14.21	—	—
1957 .. .. .	11	18.27	—	—
1958 .. .. .	6	9.9	—	—
1959 .. .. .	22	38.0	1	1.71

**Prematurity** (*i.e.*, babies weighing 5½ lb. or less at birth irrespective of period of gestation)

Equipment is provided by the Department for the care of premature infants born at home and very satisfactory provision is available in the hospitals.

(a) NUMBER OF PREMATURE LIVE BIRTHS NOTIFIED

<i>Place of Birth</i>	<i>Resident</i>	<i>Non-Resident</i>	<i>Total</i>
Own Home .. ..	3	—	3
Maternity Home ..	14	7	21
Hospital (St. Mary's) ..	15	28	43
	—	—	—
	32	35	67
	—	—	—

(b) DEATHS OF PREMATURE INFANTS WITHIN 28 DAYS

(i) Died in first 24 hours:	<i>Resident</i>	<i>Non-Resident</i>	<i>Total</i>
St. Mary's Hospital ..	3	1	4
Maternity Home ..	1	1	2
Own Home .. ..	2	—	2
	—	—	—
	6	2	8
	—	—	—
(ii) Died within 1-28 days:			
St. Mary's Hospital ..	1	—	1
Maternity Home ..	2	—	2
Own Home .. ..	—	—	—
	—	—	—
	3	—	3
	—	—	—

## Unmarried Mothers

Under the Authority's scheme for the welfare of unmarried mothers and their children, full use was made of the services of the welfare workers and the Homes provided by the Chichester Diocesan Moral Welfare Association. All cases were fully investigated by the staff of the Department in association with the voluntary welfare workers and close contact was maintained with the girls concerned.

Eastbourne girls were accommodated in Homes and Hostels outside Eastbourne for a total period of 274 days.

## Child Welfare Clinics

These were held at the following times:

Avenue House—Monday morning and afternoon.

Acacia Villa, Seaside—Tuesday morning and afternoon.

120-122, Green Street—Wednesday afternoon.

Langney Village Community Centre—Thursday afternoon.

Hampden Park Hall—Friday afternoon and alternate Wednesday afternoons.

Attendances at these Child Welfare Clinics were:

	<i>Born in</i> <i>1959</i>	<i>Born in</i> <i>1958</i>	<i>Born in</i> <i>1954-57</i>	<i>Total</i>
Number of children who attended during the year ..	410	482	725	1,617



	<i>Aged Under 1</i>	<i>Aged 1-2</i>	<i>Aged 2-5</i>	<i>Total</i>
Number of attendances made by children	8,507	2,145	1,759	12,411

#### PREVIOUS YEARS' ATTENDANCES

			<i>Number of Children who attended</i>	<i>Number of attendances</i>
1955	..	..	1,252	8,816
1956	..	..	1,351	9,255
1957	..	..	1,386	10,591
1958	..	..	1,457	11,712

Additional sessions are now held at Avenue House Clinic on Monday mornings, Acacia Villa on Tuesday mornings and Hampden Park on alternate Wednesday afternoons, to assist in dealing with the increased attendances shown in the above table.

### Welfare Foods and Other Nutrients

Arrangements for distribution have continued to run smoothly, the main centre for distribution being the local authority's central welfare clinic at Avenue House, which was available to the public daily during the full period the Department was open. The four outlying child welfare centres were used as subsidiary distribution centres during the normal clinic sessions there.

Under the Authority's arrangements for the care of mothers and young children a considerable variety of dried milk foods, cereals and vitamin products is now available for resale. These are issued on the recommendation of the Medical Officer or Health Visitor in attendance at the Child Welfare sessions.

### Dental Care

This service is provided for the dental care of expectant and nursing mothers and pre-school children.

## REPORT OF THE CHIEF DENTAL OFFICER

Fifty-six sessions were devoted to the inspection and treatment of expectant and nursing mothers and to children under the age of five.

Fifty-one expectant and nursing mothers were seen at the Avenue House Clinic and made 154 attendances. Of these, forty-four were found to require treatment and twenty-two were treated. Fourteen fillings were inserted and twenty-seven teeth extracted. In addition seven complete dentures and five partial dentures were fitted, the laboratory work being undertaken by a local technician in his own laboratory. Five cases were found to require radiological examinations and these were carried out with the X-ray apparatus installed at the Clinic.

Two hundred and fifty-nine children under school age were inspected, eighty-three were found to require treatment and seventy-eight were actually treated. Eighteen fillings were inserted into temporary teeth, 105 temporary teeth were extracted and in addition fifty-two temporary teeth received conservative treatment with silver nitrate. Radiological examinations were found necessary for ten of these young patients.

The comparatively low figure (32 per cent.) referred for treatment from this pre-school group does show a more encouraging picture of their dental condition, although it is still to be regretted that on only too many occasions the first visit to the dentist is made for the relief of pain, necessitating in most cases an extraction. To carry out satisfactory conservative work on these very young patients, it is essential that the caries should be treated in its very early stages, and for this reason we do all we can to impress upon parents the importance of regular routine inspection, and to point out that freedom from pain does not necessarily mean that all is well.

M. G. BERRY, L.D.S., R.C.S.

### Dental Treatment Return

A—NUMBERS PROVIDED WITH DENTAL CARE:

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and Nursing Mothers	51	44	22	19
Children under five	259	83	78	56

B—FORMS OF DENTAL TREATMENT PROVIDED:

	<i>Scaling and Gum Treatment</i>	<i>Fillings</i>	<i>Silver Nitrate Treatment</i>	<i>Crowns or Inlays</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures Provided</i>		<i>Radiographs</i>
							<i>Full Upper or Lower</i>	<i>Partial Upper or Lower</i>	
Expectant and Nursing Mothers	23	14	—	—	27	6	7	5	5
Children under Five	—	18	52	—	105	67	—	—	10

### PRINCES PARK DAY NURSERY

(60 PLACES)

The authorised establishment, excluding domestic staff, was:—Matron, Deputy Matron, Warden, three trained Nursery Nurses, and four Nursery Assistants.

The total attendances were 13,586, an average attendance of 44.1 for the 308 days on which the nursery was open.

The unit cost per approved place was £104 and per child in attendance £141 for the year ended 31st March, 1959.

Average daily attendance of children over the past four years:

		1959	1958	1957	1956
January	..	38.8	32.5	33.9	34.3
February	..	36.5	40.7	32.9	32.1
March	..	35.5	43.1	36.6	34.2
April	..	40.5	46.0	40.5	39.0
May	..	35.2	53.0	42.0	44.7
June	..	50.1	54.3	45.4	47.4
July	..	54.9	52.2	35.4	48.2
August	..	48.2	46.0	45.0	45.3
September	..	51.8	43.0	40.1	36.9
October	..	47.2	42.2	32.2	41.3
November	..	44.6	38.9	35.0	41.6
December	..	43.6	40.1	36.0	39.1

Attendances each month during 1959:

	<i>Children aged</i>			<i>Total Attendances</i>	<i>No. of days open</i>	<i>Receipts</i>		
	0-1½	1½-3	3-5					
January ..	3.6	16.7	18.4	1,048	27	£239	2	6
February ..	3.5	13.5	19.5	876	24	£180	14	2
March ..	3.7	14.3	17.4	852	24	£168	0	6
April ..	6.04	16.0	18.5	1,055	26	£189	6	0
May ..	6.6	9.2	19.5	879	25	£204	6	2
June ..	6.6	19.3	24.2	1,354	27	£238	6	8
July ..	7.8	20.8	26.2	1,483	27	£265	18	10
August ..	7.36	16.6	24.2	1,207	25	£269	12	0
September ..	6.1	19.0	26.7	1,349	26	£248	17	8
October ..	6.6	18.1	22.4	1,276	27	£288	9	8
November ..	7.2	15.9	21.4	1,117	25	£215	11	6
December ..	6.4	15.0	22.2	1,090	25	£201	6	4
TOTAL ..				13,586	308	£2,709	12	0

### MIDWIFERY

The establishment of domiciliary midwives remained at three, one being employed half-time on home nursing duties. Miss N. E. Russell, Superintendent of the Home Nursing Service and Non-Medical Supervisor of Midwives, reports as follows:

The midwives continue to give excellent service to the community, but a great part of their work is health teaching and attending the mothers on return from hospital. Over 500 of their visits were to mothers discharged from St. Mary's Maternity Unit. In Eastbourne there is a high percentage of hospital confinement, but many mothers expressed their appreciation of the care given in the home, and prefer

to be with their families. Trilene was given in all cases and was much appreciated by the mother. It is found that the need for the administration of pethidine has been practically halved since relaxation classes commenced.

These classes were small during the summer months, but during the autumn and winter have been well attended. Co-operation with other members of the Health Service is excellent.

During the year the midwives visited all mothers booked for home confinement, including any mother referred to them by the doctor or hospital.

One midwife attended a parentcraft teachers' course in December and found it interesting and helpful in her work.

### Arrangements for Relief Duty

This information is included at the request of the Minister of Health in Circular 1/60.

Each of the two full-time midwives has the equivalent of thirty-six hours off duty each week, plus Saturday and Sunday off duty once every four weeks. Relief duty during these times is undertaken by the part-time midwife/home nurse.

It is pointed out that the annual number of domiciliary confinements in Eastbourne is quite low, sixty-eight in 1959, hence it is not considered that the midwives in Eastbourne are under any undue strain.

The following figures show the total number of live births to Eastbourne mothers and the number and proportion of domiciliary confinements in the last five years.

			<i>Total Births</i>	<i>Domiciliary Confinements</i>	<i>Percentage of Domiciliary Confinements</i>
1955	..	..	543	107	19.7
1956	..	..	562	92	16.4
1957	..	..	599	96	16.0
1958	..	..	618	87	14.7
1959	..	..	575	*71	12.3

*\* Includes three inward transfers*

It is to be noted that the number of institutional confinements is in excess of 87 per cent. of the total births.

The cost per case attended was £20 7s. 0d. as compared with the average cost of £13 5s. 0d. for all County Boroughs.

Details of the work of the domiciliary midwives during the year are as follows:

#### BOOKINGS

Number of cases on books at 1st January, 1959..	34
New bookings .. .. .	78
Number of cases on books on 31st December, 1959	36



## CONFINEMENTS

(a) Doctor booked—				
Doctor present	..	..	..	25
Doctor not present	..	..	..	42
(b) Doctor not booked—				
Doctor present	..	..	..	—
Doctor not present	..	..	..	—
(c) Miscarriages	..	..	..	1

## ANALGESIA

(a) Gas and Air—				
Doctor present	..	..	..	—
Doctor not present	..	..	..	—
(b) Trilene—				
Doctor present	..	..	..	25
Doctor not present	..	..	..	38
(c) Pethidine—				
Doctor present	..	..	..	11
Doctor not present	..	..	..	5

Medical aid was sought in twenty-one cases.

## VISITS BY MIDWIVES

Ante-natal visits	..	..	..	1,243
Visits during labour	..	..	..	126
Visits during puerperium	..	..	..	1,335
Post-natal visits (domiciliary cases)	..	..	..	74
Visits to 125 cases discharged from hospital before the fourteenth day	..	..	..	557
				<hr/> 3,335 <hr/>

## HEALTH VISITING

### Establishment

Superintendent Health Visitor  
Nine Health Visitor/School Nurses

### Allocation

National Health Service Act	..	..	7½
School Health Service	..	..	2½

The establishment of Health Visitors was brought to its full strength early in the year and an additional car allowance improved the mobility of the staff. The effect of this is evident in the increased number of visits and sessions attended by the health visitors in nearly all divisions of their work. It is perhaps an indication of the greater recognition of the health visitor as a social worker in the wider sense

that there was an increase of nearly 600 visits to voluntary organisations, other official bodies and persons, and to hospitals in connection with community care work.

The Department continued to offer facilities for the training of nursing students. Two per week from local hospitals attended for half a day each week commencing in August, and seven health visitor students from the Training Centre at Brighton received two weeks' practical training in Eastbourne.

Three health visitors attended part-time training courses and one a post-graduate refresher course.

The health visitors' work is summarised in the following figures:

### Home Visits

#### Care of Mothers and Young Children—

Children under 1 year	..	..	..	3,031
Children aged 1 and under 2 years	..	..	..	1,635
Children aged 2 but under 5 years	..	..	..	3,437
Expectant mothers	..	..	..	443
Infectious Illness	..	..	..	20
Tuberculosis	..	..	..	327
Care and After-Care (including Aged and Handicapped Persons)	..	..	..	2,806

### Other Visits

To other Agencies (voluntary organisations, etc.)	378
To Day Nurseries	41
To Hospitals	377
Miscellaneous	815

### Clinic Attendances

Child Welfare Centres	..	..	..	585
Immunisation and Vaccination Clinics	..	..	..	147
Health Education Sessions	..	..	..	561
Chest Clinic	..	..	..	88

## HOME NURSING

### Establishment

- 1 Superintendent (also Non-Medical Supervisor of Midwives)
- 1 Senior Home Nurse
- 16 Home Nurses (including male nurses and S.E. Asst. Nurses)

During 1959 the Home Nursing Service continued to be very busy, not only with the increase of patients and visits, but with side activities associated with the Centenary Year of District Nursing. The manning of a Home Nursing and Loan Stand at the Ideal Home Exhibition, and the entering of a float and walking group in the

Carnival, showing the different costumes and conditions associated with District Nursing during the last 100 years. These activities have increased in the public an awareness of the work, help and assistance which this section of the Public Health Department gives to the community.

There was an unfortunate amount of sickness owing to influenza during the early months of the year, and three of the staff had over three weeks off due either to sickness or accident. Average sickness was eight days per nurse per year. Owing to this three temporary staff were employed for varying periods. A part-time S.R.N. resigned for domestic reasons at the end of the year, and a full-time S.R.N. Queen's Nurse was appointed in February.

One S.R.N. went to Brighton for four months district training. One Queen's Nurse attended at Durham University and a S.E.A.N. went to Birmingham for one week post graduate courses. All these members of the staff on return gave enthusiastic reports of the help the courses were to them by helping to keep them up to date in their work, and adding new ideas to help the patients, as well as sharing in the discussions and contributing towards solving the various problems they encounter.

During the year there appeared to be a slight drop in the long-term patient, and a quicker turnover. This could be accounted for by the opening of All Saints' Hospital and the greater facilities for rehabilitating the patients and returning them to their homes sufficiently independent not to require the services of a nurse.

Particulars of patients nursed are as follows:

			<i>Total</i>	
			<i>Patients</i>	<i>Visits</i>
Medical	..	..	1,403	37,087
Surgical	..	..	288	8,298
Infectious Diseases	..	..	1	28
Tuberculosis	..	..	8	193
Maternal complications	..	..	7	60
Others—Chronic	..	..	81	1,173
			<hr/>	<hr/>
			1,788	46,839
			<hr/>	<hr/>

Patients were removed from the records on cessation of nursing attendance as follows:

Convalescent	..	..	..	..	528
To Hospital	..	..	..	..	237
Deaths	..	..	..	..	177
Other Causes	..	..	..	..	488
				<hr/>	<hr/>
					1,430
					<hr/>



## VACCINATION AND IMMUNISATION

### General

The Authority's arrangements for this service remained as described in my Report for 1957 except as indicated under the reference to Poliomyelitis vaccination. It is satisfactory to report a general increase in the acceptance rates for vaccination and immunisation as detailed below.

### A—Vaccination against Smallpox

During the year 525 persons were vaccinated for the first time and 423 were re-vaccinated.

Of the 525 primary vaccinations 434 were of infants under one year of age, which is equivalent to 75·5 per cent. of the registered live births in the area during 1959 and the highest rate ever recorded in Eastbourne.

### VACCINATION DURING 1959

		<i>Primary Vaccination</i>		<i>Re-Vaccination</i>	
		<i>By Staff of Health Department</i>	<i>By General Practitioner</i>	<i>By Staff of Health Department</i>	<i>By General Practitioner</i>
Under 1 year	..	234	200	—	—
1 to 2 years	..	29	19	—	—
2 to 5 years	..	4	5	4	3
5 to 15 years	..	2	5	110	25
15 years and over	..	1	26	29	252
		270	255	143	280
		525		423	
948					

### INFANT VACCINATION 1951-59

<i>Year</i>	<i>Live Births</i>	<i>Number of Primary Vaccinations under 1 year of age</i>	<i>Percentage of Births during same period</i>
1959	575	434	75·5
1958	603	410	67·9
1957	583	378	64·8
1956	563	336	59·7
1955	553	318	57·5
1954	612	347	56·7
1953	617	313	50·7
1952	635	275	43·3
1951	604	411	*68·0

\* Epidemic in neighbouring authority

## B—Diphtheria Immunisation

The total number of completed primary immunisation courses was the highest since the campaign began in 1939. It is calculated that 68 per cent. of infants born in 1958 were immunised before the first birthday.

In 1959, 637 children were immunised, 344 by the medical staff of the Department and 293 by general medical practitioners.

The age groups and numbers were:

<i>Age Group</i>	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
0-1	262	214	476
1-4	74	40	114
5-15	8	39	47
	—	—	—
	344	293	637
	—	—	—

## Reinforcing Doses

The age groups and numbers were:

<i>Age Group at time of Immunisation</i>	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
1-4	60	19	79
5-15	377	65	442
	—	—	—
	437	84	521
	—	—	—

The Department's immunisation records show that at the end of the year 1,829 children 0-5 years and 6,211 children 5-15 years had been immunised. The age groups and numbers were:

<i>Age Group at 31.12.59</i>	<i>Number</i>	<i>Total</i>
0-1	171	
1-2	367	
2-3	371	
3-4	414	
4-5	506	
	—	1,829
5-6	530	
6-7	631	
7-8	511	
8-9	474	
9-10	534	
	—	2,680
10-11	566	
11-12	783	
12-13	845	
13-14	749	
14-15	588	
	—	3,531
		—
		8,040
		—

These numbers represent 65 per cent. and 80 per cent. of the children in the age groups 0-5 and 5-15 years of the Registrar General's estimated population of 2,800 and 7,700 in these respective age groups.

Individual immunity tends to wane with the passage of time. Taking into account inoculations performed within the last five years only, an index of the immunity to diphtheria in the population is shown in the following table.

<i>Age at 31.12.59 i.e., born in the year</i>	<i>Under 1 1959</i>	<i>1-5 1958-55</i>	<i>5-10 1954-50</i>	<i>10-15 1949-45</i>	<i>Under 15 Total</i>
Last complete course of injections given during 1955-59 ..	171	1,658	1,877	1,406	5,112
Estimated mid-year child population .. ..	600	2,200	7,700		10,500
Immunity Index ..	28.5%	75.4%	42.6%		48.7%

There have been no notified cases of diphtheria in Eastbourne during the past ten years and no deaths since 1946.

### C—Whooping Cough Immunisation

Approximately 71 per cent. of children were immunised before their first birthday. Sixteen notifications of whooping cough were received during the year.

#### IMMUNISATION DURING 1959

<i>Age Groups</i>	<i>By Medical Staff of the Department</i>		<i>By General Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Re- inforcing</i>	<i>Primary</i>	<i>Re- inforcing</i>	<i>Primary</i>	<i>Re- inforcing</i>
0-1 ..	225	—	214	1	439	1
1-4 ..	41	55	29	16	70	71
5-15 ..	9	136	8	18	17	154
Totals	275	191	251	35	526	226

Cases of whooping cough notified during the last five years are as follows:

<i>Year</i>	<i>Cases Notified</i>
1955 .. ..	37
1956 .. ..	26
1957 .. ..	117
1958 .. ..	5
1959 .. ..	16

### D—Vaccination against Poliomyelitis

This service continued to run smoothly and has now taken its place in the general immunisation and vaccination programme.

The number of applications for primary courses fell as expected, but the impact of the third injection resulted in an increase of more than 2,000 doses over the previous year.

Nearly 14,000 doses were given at Local Authority schools and clinics mainly by general practitioners working under Departmental arrangements on a sessional basis.

There was also a significant increase in the number of vaccinations carried out by the patients' own doctors.

**POLIOMYELITIS VACCINATION, 1959**

<i>Year of Birth</i>	<i>By Health Department</i>		<i>By General Practitioners</i>	
	<i>Two Injections</i>	<i>Third Injection</i>	<i>Two Injections</i>	<i>Third Injection</i>
1933-43 .. ..	1,890	1,938	194	67
1944 .. ..	64	489	9	15
1945 .. ..	51	398	11	4
1946 .. ..	105	509	15	14
1947 .. ..	106	319	20	7
1948 .. ..	111	276	12	7
1949 .. ..	67	180	12	9
1950 .. ..	85	178	19	9
1951 .. ..	85	185	15	9
1952 .. ..	87	189	21	9
1953 .. ..	95	166	17	11
1954 .. ..	107	185	21	10
1955 .. ..	84	161	17	14
1956 .. ..	105	209	32	8
1957 .. ..	176	224	46	27
1958 .. ..	295	131	104	17
1959 .. ..	76	—	21	3
Expectant Mothers	188	149	46	13
Hospital Staff ..	7	14	5	4
Ambulance Staff ..	—	—	—	—
Police .. ..	18	6	—	—
Families of General Practitioners ..	2	—	8	7
Outside of Age Group .. ..	80	89	23	6
Teachers .. ..	19	2	—	—
TOTALS ..	3,903	5,997	668	270

In addition 149 staff at the local hospitals were vaccinated with two injections and eighty-three with three injections.

**AMBULANCE SERVICE**

The Eastbourne Division of the St. John Ambulance Brigade carried out this service on behalf of the Authority under Divisional Superintendent A. J. Burnage, C.St.J. Voluntary service by members of the Brigade totalled over 10,000 hours during the year despite some loss through illness and changes of employment. Members of the Nursing Division arranged voluntary escort duty on fifty-two occasions.

In addition to the details given below relating to services carried out on behalf of Eastbourne, the Brigade conveys pupils daily to and from the Occupation Centre, a total of 10,000 miles per annum and carries out an agency service on behalf of the East Sussex County Council in the adjacent county parishes.

Since 1957 there has been an increase of nearly 16,000 miles in the total annual mileage and over 5,000 patients. This is mainly attributable to the increasing demand of the Hospital Service for out-patient attendance and the development of peripheral areas of the town resulting in longer journeys.

The relatively small full-time establishment of the Brigade has worked magnificently to achieve these results.

The ambulance fleet consists of six ambulances (one reserve), three dual-purpose vehicles and two cars which, with the exception of the reserve ambulance and one car, are fitted with radio control units.

The following is a summary of the work undertaken on behalf of the Local Health Authority during the past year.

		<i>Ambulances</i>			<i>Sitting Case Cars</i>		
		<i>Journeys</i>	<i>Patients</i>	<i>Mileages</i>	<i>Journeys</i>	<i>Patients</i>	<i>Mileages</i>
January	..	282	440	2,331	384	1,075	3,529
February	..	232	355	2,246	323	949	3,425
March	..	343	417	2,314	371	989	3,760
April	..	255	384	2,066	343	1,061	4,145
May	..	305	475	2,122	313	1,055	3,862
June	..	280	415	2,663	352	1,116	4,489
July	..	311	432	2,441	392	1,240	5,947
August	..	285	435	2,394	300	1,020	3,756
September	..	304	448	3,290	332	1,070	4,136
October	..	241	407	2,121	328	1,137	4,458
November	..	254	403	2,053	339	1,204	4,260
December	..	268	454	2,114	344	1,286	4,269
TOTAL	..	3,360	5,065	28,155	4,121	13,202	50,036

### **Journeys and Mileages since 1949**

		<i>Ambulances</i>		<i>Sitting Case Cars</i>	
		<i>Journeys</i>	<i>Mileages</i>	<i>Journeys</i>	<i>Mileages</i>
1949	..	2,898	48,358	3,452	56,882
1950	..	2,962	34,013	3,660	55,023
1951	..	2,668	27,466	4,608	54,838
1952	..	2,601	29,505	3,724	48,353
1953	..	2,719	29,220	3,721	46,801
1954†*	..	2,984	28,480	4,108	45,760
1955*	..	3,205	27,739	4,551	48,987
1956*	..	2,992	24,092	4,298	47,278
1957*	..	3,304	29,155	4,483	44,266
1958*	..	3,342	29,167	4,672	47,596
1959*	..	3,360	28,155	4,121	50,036

† *Excluding Princes Park Day Nursery*

\* *Excluding Occupation Centre*



The service is called upon to convey a large number of patients to and from the local railway station. In the year under review 344 patients were transferred by rail.

## ORIGIN OF CALLS

<i>Origin of Calls</i>	<i>Ambulances</i>					<i>Sitting Case Cars</i>				
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959
Emergency calls to Street										
Accidents .. ..	594	590	603	645	722	51	45	59	69	43
Local Hospitals .. ..	1,898	1,888	2,092	1,853	2,162	1,224	1,033	1,167	1,182	1,401
Local Convalescent Homes ..	28	43	30	26	5	216	200	219	151	29
General Medical Practitioners	663	683	731	730	775	353	427	623	577	641
Maternity Homes .. ..	18	20	20	17	19	9	12	7	6	10
Nursing Homes .. ..	39	36	42	35	36	5	5	13	11	8
Ministry of Pensions .. ..	15	7	12	25	32	119	106	130	76	163
Other Ambulance Authorities	72	48	92	109	78	332	433	458	398	147
Authorised Mental Health										
Officers .. ..	53	61	35	33	27	118	104	102	66	77
Others .. ..	275	218	297	334	356	79	131	134	105	216
Out Patients:										
Chest Clinic .. ..	128	108	78	58	61	644	397	455	294	273
Foot Clinic .. ..	—	—	—	—	2	237	247	195	205	201
Local Hospitals .. ..	193	339	799	875	729	7,535	7,317	6,242	10,183	8,723
Royal Sussex County										
Hospital, Brighton .. ..	27	11	121	107	61	987	666	1,067	1,524	1,270
Infectious Diseases .. ..	30	—	—	—	—	—	—	—	—	—
Total Calls	4,033	4,052	4,952	4,847	5,065	11,909	11,123	10,871	14,847	13,202
Journeys .. ..	3,205	2,992	3,304	3,342	3,360	4,551	4,298	4,483	4,672	4,121
Mileage .. ..	27,739	24,092	29,155	29,167	28,155	48,987	47,278	44,266	47,596	50,036

## PREVENTION OF ILLNESS, CARE AND AFTER CARE AND TUBERCULOSIS

### A—Illness Generally

All the services of the Department including particularly Home Nursing, Domestic Help, Day Nursery and the assistance and advice of the Health Visitors and Mental Health workers are freely available in all cases of illness.

### B—Provision of Convalescence

The Authority's arrangements provide that all necessary care and after care is available to persons recovering from illness and to other invalids, including provision for convalescence in cases not otherwise provided for. This includes special convalescence and re-training facilities to prevent the break-up of families.

### C—Loan of Equipment

This service continues to be fully used, the main demand being for equipment such as bedpans and mackintosh sheets, air rings and commodes.

To help in rehabilitation tripod walking sticks and wheelchairs are also available.

The Local Authority provides a wide range of equipment generally in accordance with the instructions of the patients' doctors. The most recent addition being a hoist to lift a patient in and out of bed. This has been in continual use and has proved of great help to nurses and relatives. An additional hoist is to be obtained in the new year.

During the year 760 articles were loaned to 425 patients; no charge was made in forty-four cases.

### D—Voluntary Organisations

I wish to record grateful acknowledgment for the facilities and services offered by voluntary organisations including the Order of St. John, the British Red Cross Society, the Guardianship Society, the Women's Voluntary Services, the Eastbourne Voluntary Association for the Care of Cripples, the National Society for the Prevention of Cruelty to Children and other local and national organisations, of which full advantage was taken in appropriate cases.

### E—Health Education (General)

This was a year of increasing activity in many aspects of health education. Results are more often than not intangible, but it is pleasing to record new local high record figures in vaccination and immunisation against smallpox, whooping cough and diphtheria, and the continued low incidence of infectious disease may in some part be due to the efforts of all concerned with health education.



The Department's teaching includes nutritional advice, safety at home, at work, on the roads, on our beaches and in the countryside; practical clothing, the understanding and care of children, foot health, hygiene in the home, office and factory. All these and many others formed topics during some part of the year. Ante-natal and post-natal care and teaching is reported on more fully under that heading on page 17 of this Report.

The Home Safety Campaign was continued, organised by the Superintendent Health Visitor. Items of particular interest were a "Check that Fall" Campaign beginning in October to be carried on for six months. The first phase emphasised the danger of falls by the elderly and the second phase dealt with possible dangers from children's falls, spring cleaning and the "do-it-yourself" habit which is becoming a feature of today.

A decorated float with the theme "Safety round about the Home" was entered in the Eastbourne Carnival and a stand was manned at the Sussex Agricultural Show in conjunction with the Road Safety Committee. Each of these efforts aroused considerable interest.

During the summer a "Tidy-up Campaign" was inaugurated, direct at picnickers and others and urging them not to leave glass or other dangerous articles about.

These were the highlights of a year in which the campaign was steadily maintained by posters, film displays and talks given by the organiser to interested groups of persons.

## F—Sitter-up Service

There has been a considerable increase in the demand for this service, and some difficulty has been experienced in obtaining the help of suitable women to sit with the very ill, mentally-confused and difficult patient. Often these patients live alone or the relatives are "worn out" due to excessive loss of rest.

In spite of the lovely summer there was a fairly heavy demand throughout the year, with the greatest need in the late winter and early spring months.

No praise is too high for the excellent service given, often in very uncongenial surroundings.

			1958	1959
No. of patients helped	..	..	57	87
„ „ sitters-up used	..	..	18	17
„ „ nights	..	..	258	296
Full cost to patient	..	..	21	45
Part cost to patient	..	..	4	8
Local Authority	..	..	32	34

The cost to the Local Authority was £159.

## G—Tuberculosis

Fifty-two cases of respiratory and two of non-respiratory tuberculosis were reported. Of these, twenty-four respiratory and two non-respiratory cases had not previously been notified in any other district.

Arrangements for the care and after-care of tuberculosis patients remained as described in my 1955 Report.

### NOTIFICATION REGISTER:

	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
ON REGISTER						
1st Jan., 1959..	197	159	13	22	210	181
Add:						
Notifications ..	12	11	1	1	13	12
Transfers ..	20	8	—	—	20	8
Posthumous						
Notifications	—	1	—	—	—	1
	229	179	14	23	243	202
Less:						
Deaths ..	6	5	—	—	6	5
Left town ..	14	16	4	8	18	24
Arrested ..	9	1	—	1	9	2
Lost sight of ..	—	4	1	—	1	4
	29	26	5	9	34	35
ON REGISTER						
31st Dec., 1959	200	153	9	14	209	167

### Age grouping of new cases notified:

<i>Age Groups</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0-5 ..	—	1	—	—	—	1
5-10 ..	—	—	—	—	—	—
10-15 ..	—	—	—	—	—	—
15-25 ..	1	2	—	—	1	2
25-45 ..	3	1	—	1	5	2
45-65 ..	8	*4	1	—	8	6
Over 65 ..	1	3	—	—	—	1
	13	11	1	1	14	12

\* Includes 1 posthumous notification

### DEATHS

The Registrar General's return of causes of death indicates that six persons died from respiratory tuberculosis in the following age groups:—

	<i>Respiratory</i>	
	<i>Males</i>	<i>Females</i>
25/45 ..	1	—
45-65 ..	5	—
Over 65 ..	—	—

The death rates per 1,000 population were:

Respiratory .. .. .	0.1
Non-Respiratory .. .. .	—

#### SUMMARY OF THE WORK OF THE TUBERCULOSIS VISITOR

Visits paid to tuberculosis households ..	327
Chest Clinic attendances .. ..	88
Visits to hospitals .. .. .	26

Extra nourishment granted to persons suffering from tuberculosis:

Liquid Milk—

Quantity supplied .. ..	15,300 pints
Number of cases assisted .. ..	57

#### B.C.G. Vaccination

This work is undertaken by the school medical and nursing staff of the Department for school children over 13 years and for pupils at Further Education establishments, and by the Chest Physician in respect of persons who are known contacts of tuberculosis.

Number of persons vaccinated are as follows:

##### A—CONTACT SCHEME (carried out by the Chest Physician)

###### AGE GROUPS:

Under 1 year .. .. .	6
1-2 years .. .. .	4
2-5 years .. .. .	8
5-10 years .. .. .	4
10-15 years .. .. .	3
Over 15 years .. .. .	2

In addition 108 members of the staff of the Dental Estimates Board were given B.C.G. in the Contact Scheme.

##### B—SCHOOL CHILDREN SCHEME (carried out by the medical and nursing staff of the Department)

(i) Number skin tested .. ..	375
(ii) Number found negative .. ..	332
(iii) Number vaccinated .. ..	331

##### C—OLDER SCHOOL CHILDREN SCHEME (School children of 14 years and upwards)

(i) Number skin tested .. ..	24
(ii) Number found negative .. ..	22
(iii) Number vaccinated .. ..	21

##### D—STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS

(i) Number skin tested .. ..	10
(ii) Number found negative .. ..	7
(iii) Number vaccinated .. ..	7

## MASS RADIOGRAPHY

The East Sussex Mass Radiography Unit under the direction of Dr. B. G. Rigden, carried out two special surveys in the area during April and September. These were limited to cases referred by medical practitioners, contacts of cases referred by the Department and Chest Clinic, Mantoux positive school-children discovered during routine B.C.G. vaccination arrangements, and third-year training college students.

### Summary of the Results of the Two Surveys

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of Persons X-rayed . . . . .	98	381	479
Analysis of Abnormal Large Films:			
(a) Tuberculosis requiring close clinical supervision or hospital treatment . . . . .	2	—	2
(b) Tuberculosis requiring occasional clinical supervision . . . . .	—	1	1
(c) Cardio-Vascular Diseases . . . . .	1	1	1

## DOMESTIC HELP

The need for this service continues to increase. There has been a greater turnover of households helped, although the long-term cases provide the main demand for the service. This is not only a service for the old and physically handicapped and ill, but also a preventive and rehabilitative service for the mentally ill.

Households with persons suffering from tuberculosis show a small decrease in use of home helps which probably follows the national trend due to more effective treatment at an earlier stage.

In spite of the decreasing number of domiciliary confinements, the need to help expectant and nursing mothers has increased.

There has been a fluctuating situation as regards staff, but the position had become more stabilised by the end of the year. Recruitment still has to compete with the holiday trade, and the local industries, although the majority of the staff have been in the service for a considerable time.

An experimental Home Help Scheme was started in May, primarily for teaching housewifery to incompetent and disorganised households. It is too early to assess the full result of this new departure, but in one particular case there was an obvious improvement. This is a long-term experiment and results, if any, cannot be expected until a great deal of time has elapsed. "Following up" these households is a joint effort between the Health Visitors and the Home Help Supervisors.

Visits by the Superintendent and her assistant are made to all new cases, or if there are queries, and as routine procedure when help is continuing over a long period. The excellent work of the helpers and the good service they give to the community is shown by the appreciative letters received.

During the year 489 persons availed themselves of the services of Home Helps. Of this number 160 paid the full standard charge, the National Assistance Board reimbursed charges in 234 cases and the remainder were helped either free of charge or at reduced rates as follows:

				<i>New Applications</i>	<i>Old Cases</i>
<i>According to Scale</i>					
Full cost	..	..	..	120	40
Part cost	..	..	..	—	1
Free	..	..	..	6	6
<i>Specially Assessed Cases</i>					
Part cost	..	..	..	24	22
Free	..	..	..	20	16
<i>Cases Reimbursed by N.A.B.</i>	..		..	91	143
				<hr/> 261	<hr/> 228

## MENTAL HEALTH SERVICE

### Administration

The Health Services Committee remained the responsible Committee of the Council for functions under this Act. The staff remained, in number and personnel, as in my last Report.

### Mental Illness—Admissions

There was once again a reduction in the recorded number of admissions—from 193 to 141. In view however, of the introduction of informal patients the figure of 141 does not give an accurate picture.

### Care and After Care

During the year the Mental Health Officers made 486 visits and 687 interviews were given at Avenue House.

In addition to the above figures 197 visits were made in connection with mental deficiency, cases under Statutory and voluntary supervision.

### Hospital Admissions

Figures for the past five years are as follows:

<i>Year</i>	<i>Patients admitted to Mental Hospitals</i>		
	<i>Voluntary</i>	<i>Certified</i>	<i>Others</i>
1955 .. ..	168	46	3
1956 .. ..	179	31	24
1957 .. ..	217	9	15
1958 .. ..	176	8	9
1959 .. ..	108	10	23

The number remaining at 31st December, 1959, was 231. Of these 145 were voluntary patients. This figure does not take into account informal patients.



## St. Mary's Hospital

During 1959, 4 men and 16 women were admitted under Section 20.

Of the 4 men, 1 was certified, 1 was admitted as a voluntary patient, 1 was admitted informally and 1 discharged home.

Of the 16 women, 2 were certified, 4 admitted as voluntary patients and 9 dealt with in other manners (by relatives, etc.), 1 remained in hospital as a geriatric case.

One man was admitted to St. Mary's not under Order and subsequently returned to his own home.

## Hellingly Hospital

(a) *Certified Cases*—Six persons (2 male and 4 female) were certified. Of that total 2 were admitted from their own homes, and 4 from St. Mary's Hospital.

(b) *Urgency Orders*—Five men were admitted under this Section. All subsequently became voluntary patients. Eighteen women were admitted—13 became voluntary patients, 2 were certified, 1 died and 1 remained informally.

(c) *Temporary Patients*—No admissions during the year.

(d) *Voluntary Patients*—The admission of 14 patients was arranged by the officers (4 men and 10 women). Of these, 5 were admitted from St. Mary's Hospital and 9 from their own homes.

The position at the end of the year was as follows:

	<i>St. Francis Hospital</i>		<i>Hellingly Hospital</i>		<i>Others</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
31st December, 1958	24	49	69	129	—	2	273
Admitted during year	1	—	40	100	—	—	141
Discharged during year	1	14	44	104	—	—	163
Died	1	—	4	15	—	—	20
31st December 1959	23	35	61	110	—	2	231

## MENTAL DEFICIENCY ACTS 1913-38

*Males*—Six males were added to the Register—5 on notification of the Local Education Authority under Sections 57 (3) and 57 (5) and 1 (a baby) ascertained by the staff of the Department.

Four males were removed from the Register—1 voluntary supervision case and 1 statutory supervision case left the area, 1 institution case was discharged and 1 died.

*Females*—Four females were added to the Register—3 on notification of the Local Education Authority under Section 57 (3) and 1 entering this area from another Authority.



Four females were removed from the Register—1 voluntary supervision case being discharged on entering an old people's home, 1 statutory supervision case leaving the area and 1 institution case and 1 guardianship case being discharged.

Four males and 3 females were on the waiting list for institutional care.

One hundred and ninety-seven visits were made to supervision cases.

The position at the end of 1959 was:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
In Institutions ..	45	32	77
On Licence from Institutions ..	1	1	2
Under Guardianship	3	3	6
Under Supervision ..	41	42	83
	—	—	—
	90	78	168
	—	—	—

Of the cases in institutions 23 males and 16 females were "informal" at the end of the year.

The institution cases were placed as follows:

			<i>Males</i>	<i>Females</i>
Laughton Lodge ..	..	..	3	1
Brentry Colony ..	..	..	5	—
Stoke Park ..	..	..	6	3
Barvin Park ..	..	..	1	—
Princess Christian Farm Colony ..	..	..	2	—
Rampton ..	..	..	1	—
St. Teresa's ..	..	..	—	7
Hortham ..	..	..	—	1
Etloe House ..	..	..	—	2
Darenth Park ..	..	..	9	3
St. Lawrence's ..	..	..	1	—
Pouchlands ..	..	..	2	—
Hill House ..	..	..	—	5
St. Helen's ..	..	..	2	2
Leybourne Grange ..	..	..	10	8
Star Cross ..	..	..	2	—
Manor Hospital, Epsom ..	..	..	1	1
Ellen Terry Home ..	..	..	1	—
			—	—
			46	33
			—	—

## OCCUPATION CENTRE

The Occupation Centre is now established as fulfilling a very necessary function in the care and training of subnormal children. There were indications at the close of the year that substantially greater demands would be made on the present facilities and plans were in hand for a purpose built centre with residential accommodation for a proportion of children.

There was an increase in the number on the register to 25 at the end of December, compared with 22 in 1958, and attendance increased from 3,124 in that year to 3,809 in 1959.

One Assistant Supervisor is attending a qualifying course of training arranged by the National Association for Mental Health.

## SECTION C

### WELFARE SERVICES

#### National Assistance Act

Provision of Accommodation

Blind and Partially Sighted

Burials

Other Handicapped Persons

Care of Property

#### General

Once again it is true to say that the problem of the aged remained acute throughout the year.

My 1958 report envisaged the closure of St. Luke's Home in December 1959, and at the time of writing this report it can be confirmed that its closure has been felt both by the Local Authority and the Hospital Management Committee. In the past it frequently provided the answer to the need for emergency accommodation. Its closure has been a decisive factor in the decision of the Council to proceed with the erection of a purpose-built Home in Seaside.

In the absence of a Citizens' Advice Bureau for the town, the Welfare Department has throughout the year dealt with many and varied enquiries.

Possibly the most serious problem has been that of the elderly mentally disturbed and from early experience one views with some apprehension the full effect of the Mental Health Act with its emphasis on community care.

#### Residential Accommodation

In addition to the 123 persons in the Council's Homes at the end of the year there were ten cases in Voluntary Homes, excluding The Wolds and one case in an L.C.C. Home.

During the year there were 126 admissions, 100 discharges and 27 deaths.

#### Residential Accommodation—Section 21 (i) (a)

Figures for the year were as follows:

1. CAVENDISH LODGE			<i>Men</i>	
On 31st December, 1958	..	..	25	
Admitted during the year	..	..	15	
Discharged during the year	..	..	11	
Died .. .. .	..	..	2	
On 31st December, 1959	..	..	27	
2. TREVIN TOWERS			<i>Men</i>	<i>Women</i>
On 31st December, 1958	..	..	5	40
Admitted during the year	..	..	1	22
Discharged during the year	..	..	—	16
Died .. .. .	..	..	1	7
On 31st December, 1959	..	..	5	39

### 3. STAVELEY COURT

On 31st December, 1958	..	..	5	37
Admitted during the year	..	..	15	49
Discharged during the year	..	..	11	30
Died .. .. .	..	..	2	11
On 31st December, 1959	..	..	7	45

### 4. ST. LUKE'S HOME

*Women*

On 31st December, 1958	..	..	..	12
Admitted during the year	..	..	..	18
Discharged during the year	..	..	..	28
Died .. .. .	..	..	..	2
On 31st December, 1959	..	..	..	—

### 5. *Voluntary Homes*

Salvation Army Home, Wokingham	..	..	1 Woman
"Osidge" Chaseside (Sir Thomas Lipton Home)	..	..	1 ..
Searchlight Cripples Workshops	..	..	1 Man
Blesma, Portsmouth	..	..	1 ..
W.V.S., Hove	..	..	1 Woman
Salvation Army Home, Westgate	..	..	2 Women
St. Elizabeth's, Seaford	..	..	1 Woman
Royal Hospital and Home for Incurables, Putney	..	..	1 ..
Deaf Hostel, Wembley	..	..	1 Man

The above ten cases were resident at 31st December, 1959.

Nazareth House, Bexhill—One woman resident during the year.

### 6. ACCOMMODATION BY OTHER AUTHORITIES

L.C.C. Home, 9, Fitzjohn's Avenue, London	..	1 Woman
---	----	---------

### 7. (a) BLIND—*The Wolds, College Road*

On 31st December, 1958	..	..	..	14 Women
Admitted during the year	..	..	..	6 ..
Discharged during the year	..	..	..	4 ..
Died .. .. .	..	..	..	2 ..
On 31st December, 1959	..	..	..	14 ..

### (b) **Epileptics**

One man was in Chalfont Colony during the year.

### **Accommodation for Temporarily Homeless—Section 21 (1) (b)**

#### THE KNOWLE, OAK TREE LANE

During the year thirteen families were accommodated, comprising six men, thirteen women and twenty-six children. Five families were discharged during the year, comprising three men, five women and twelve children.

Remaining at the end of the year were eight families, comprising three men, eight women and fourteen children.

	<i>Families</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>
At 31st December, 1958 ..	7	3	7	13
Admitted during the year ..	6	3	6	13
Discharged during the year ..	5	3	5	12
At 31st December, 1959 ..	8	3	8	14

#### ST. LUKE'S HOME

During the year one woman and one child were accommodated.

### Reception Centre—Section 17

The Council continued to administer the centre as agents for the National Assistance Board for the admission of male cases only. Tribute must be paid to the Superintendent, who is the Hospital Secretary of St. Mary's, for continued conscientious and personal attention to those cared for.

Total admissions were 2,774, an average of 7.6 per night. The Centre was full on fifty-two nights and 135 men were turned away during the year.

### Handicapped Persons—Section 29

#### (a) BLIND PERSONS

(i) *Incidence of Blindness*—During the year thirty-three B.D.8 Forms for new cases were received: the causes of disability and treatment in respect of the cases certified as blind being as stated in the table below:

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
1) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends				
(a) No treatment ..	4	5	—	7
(b) Treatment (medical, surgical, optical) ..	11	1	—	5
(2) Number of cases at (1) (b) above which on follow-up action have received treatment .. ..	6	1	—	7

The recommendations for treatment were mainly medical and hospital supervision.

#### (ii) *Registration*—

Total at 31st Deccmber, 1958 ..	..	216
Total at 31st December, 1959 ..	..	221
Registered during the year ..	..	33

Died during the year	..	..	..	34
Transfers from other areas	..	..	..	12
Transferred to other areas	..	..	..	4
Decertified and transferred to Partially-Sighted Register	..	..	..	—

<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 5 years	—	1	1
Between 5 and 15 years	1	—	1
Between 15 and 30 years	2	2	4
Between 30 and 50 years	12	5	17
Between 50 and 70 years	34	29	63
70 years and over	40	95	135
	—	—	—
	89	132	221
	—	—	—

At the end of the year of the persons on the Register aged 60 and over, thirty-three had cataract, twenty-three glaucoma and six cataract and glaucoma.

(iii) *Home Workers*—One blind man was included in the Home Workers' Scheme of the National Institute for the Blind as a basket maker.

(iv) *Workshops*—One registered blind man, after completing training, remained at the workshops of the Royal School for the Blind at Leatherhead.

(v) *Handicrafts*—An increasing number attended the occupation class at Avenue House Centre, meeting on one afternoon per week under the Home Teacher.

#### (b) PARTIALLY SIGHTED PERSONS

The Council's scheme provides that the services for the blind shall also be generally available for the partially sighted. At the end of the year there were eighty-four partially sighted persons on the Register, eighteen male and sixty-six female.

#### (c) VOLUNTARY SERVICES

The Society for the Social Welfare of the Blind, who receive an annual grant of £25, provide a club on three afternoons per week, a monthly social, annual outing and a bowling club which has been very successful, and presents for all on the Register at Christmas.

#### (d) DEAF AND DUMB

As in previous years the Chichester Diocesan Association for the Deaf and Dumb continued to act as agents. Total remained unchanged at eleven cases, three of whom are deaf/blind.



#### (e) HARD OF HEARING

Another excellent year of work and service has been put in by the Eastbourne and District Hard of Hearing Association. Much of the work has been on the social side, but thirty-seven cases were registered as requiring help or visits on the welfare side.

#### (f) CRIPPLES

The Eastbourne Voluntary Association for the Care of Cripples continued to act as agents under the terms recorded in previous reports. The total on the Register at 31st December, 1959, was eighty-three.

(ii) *Assistance with Alterations*—During the year four cases on the Register of Handicapped Persons were assisted with alterations to their homes at a total cost to the Council of £94 7s. 6d.

### Old People's Organisations

MEALS ON WHEELS—This excellent service continued to be provided by the W.V.S. During the year 11,022 meals were supplied, an average of 42·4 per day. The cost to the Council was £78 14s. 4d.

### Old People's Clubs

There is no change to report here except once again to pay tribute to the excellent work done by the Club on behalf of their members. At the time of publishing the report the future of the W.V.S. Darby and Joan Club (at present held in the former restaurant now due for demolition under the scheme for rebuilding on the Technical Institute site) remain uncertain, but every endeavour is being made to find an alternative site.

### Registration of Homes—Section 47

There are now seventeen registered Homes providing 171 beds. The drop in the number of beds is due to the closure of St. Luke's Home.

### Care of Property

The property of forty persons was in care during the year.

### Burials

During the year five burials were arranged at a total cost of £95 7s. 6d., of which sum £76 10s. 3d. was recovered (80·2 per cent.).

## SECTION D

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Notification of Infectious Disease  
Food Poisoning  
Public Health Laboratory Service  
Venereal Diseases

#### INFECTIOUS DISEASE

A total of 582 cases were reported to the Department and notified to the Registrar General. Of this total 484 notifications were due to a mild epidemic of measles in infants and young children occurring during the months of February to July.

Two cases of paralytic poliomyelitis occurred in women aged 25 and 34 years. Neither had been vaccinated against poliomyelitis or had received any other type of inoculation in the three months prior to onset of the illness. Both cases recovered, but with a slight degree of residual paralysis.

#### Notifications of Infectious Diseases (Corrected)

<i>Notifiable Disease</i>	<i>All Ages</i>	0-5	5-15	15-45	45-65	65 and over	<i>Unknown</i>
Scarlet Fever .. ..	10	1	8	1	—	—	—
Whooping Cough .. ..	16	8	6	—	—	—	2
Acute Pneumonia .. ..	5	—	1	2	—	2	—
Food Poisoning .. ..	10	—	1	4	1	2	2
Tuberculosis (Respiratory) ..	23	1	—	7	11	4	—
Tuberculosis (other) .. ..	2	—	—	1	1	—	—
Acute Poliomyelitis (Paralytic)	2	—	—	2	—	—	—
Measles .. ..	484	212	262	9	—	—	1
Erysipelas .. ..	1	—	—	—	1	—	—
Puerperal Pyrexia .. ..	29	—	—	29	—	—	—
TOTAL .. ..	582	222	278	55	14	8	5

#### Public Health Laboratory Service

Numerous pathology investigations were carried out on behalf of the Department at the Public Health Laboratory, Brighton, under the direction of Dr. J. E. Jameson and by Dr. D. C. Taylor and Dr. F. R. Philips, pathologists to the Eastbourne Hospital Management Committee, to whom grateful acknowledgment is given for their ready assistance and co-operation at all times.

## Venereal Diseases

Information was supplied to the Department by the Eastbourne Hospital Management Committee, which is responsible for the treatment of venereal diseases. Two weekly sessions were held at the treatment centre at the Princess Alice Memorial Hospital, Mondays for women and children and Wednesdays for men.

Cases attending the Centre are shown in the table below. The figures in brackets relate to 1958:

<i>Condition</i>	<i>Males</i>		<i>Females</i>		<i>Total</i>		<i>Total all Cases</i>
	<i>Old Cases</i>	<i>New Cases</i>	<i>Old Cases</i>	<i>New Cases</i>	<i>Old Cases</i>	<i>New Cases</i>	
Syphilis .. ..	1 (-)	0 (1)	- (3)	- (-)	1 (3)	- (1)	1 (4)
Gonorrhoea .. ..	4 (-)	12 (4)	- (-)	- (-)	4 (-)	12 (4)	16 (4)
Other Conditions ..	1 (2)	16 (21)	- (2)	2 (7)	1 (4)	18 (28)	19 (32)

## Summary 1950-59

	(1)	(2)	(3. <i>Attendances</i> )		
	<i>Total Cases</i>	<i>Non-V.D. Cases included in (1)</i>	(a) <i>For M.O.s attention</i>	(b) <i>Intermedi-ate times</i>	(c) <i>Total</i>
1950	160	68	348	68	416
1951	98	62	286	20	306
1952	86	62	223	16	239
1953	84	66	141	5	146
1954	78	63	88	—	88
1955	90	72	79	—	79
1956	36	29	57	—	57
1957	56	47	73	—	73
1958	40	32	62	—	62
1959	36	19	84	—	84

## SECTION E

### SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

Public Baths

Report of the Chief Public Health Inspector

#### WATER SUPPLY

The water supply of the Borough is provided by the Eastbourne Waterworks Company. The bulk of the supply is obtained from a well in the Downs in the Parish of Friston about three and a half miles from the centre of Eastbourne. Over two miles of heading, lying at a depth varying from 120 to 400 ft., feed a well 120 ft. deep. The water is pumped to a reservoir on Friston Hill and thence gravitates by a 21 in. main to covered service reservoirs at Meads and Mill Gap. The capacity of the station is approximately  $3\frac{1}{2}$  million gallons per day, and the total quantity pumped during 1959 was 1,090 million gallons.

The Catchment Area covers approximately four square miles, is all Downland, and 2,000 acres have been leased to the Forestry Commission. All possible precautions are taken to mitigate the risk of pollution.

The Company's Cornish Pumping Station, which is situated at Wigden's Bottom between Belle Tout and the main Eastbourne road, has headings in the chalk ranging in depth from 200 to 300 ft., and some 700 yds. in total length. This station provided 75 million gallons during the year 1959.

A further quantity of  $204\frac{1}{2}$  million gallons was pumped into supply from the Waterworks Road Pumping Station during the year.

Holywell provides another source of supply, where the water is obtained from a well with headings in the chalk, one heading running parallel to the cliff, and one extending under the Paradise Reservoir. The depth of this heading varies from 25 to 300 ft., and the capacity is approximately 300,000 gallons per day.  $109\frac{1}{2}$  million gallons were obtained from this source within the year.

The water from these sources met all demands, and bacteriologically, as well as chemically, maintained its usual high standard of quality. Nine chemical and 185 bacteriological examinations of both raw and piped supplies were carried out by the Company's analysts, and samples of the piped supply were also regularly sent by the Public Health Department for chemical analysis as well as bacteriological examination.

The weekly consumption of water varied between  $24\frac{1}{4}$  and  $38\frac{3}{4}$  million gallons, with an average weekly consumption throughout the year of  $29\frac{1}{2}$  millions.

## PUBLIC BATHS

The *Old Town Swimming Bath*, which has a capacity of 45,000 gallons of fresh water derived directly from a borehole in the subsoil, is directly under the control of the Public Health Department. Break-point chlorination conditions are maintained, and once every four hours the whole of the water in the pool is circulated through two pressure filters.

This bath is mainly used by school children and is open from April to October. During the past season fourteen samples of water were taken for bacteriological examination, of which thirteen had a plate count of less than 1 per ml. and the other had a count of only 2 per ml. *B. Coli* was absent in all the samples.

The numbers using the bath during the season were:

### *Organised Parties*

Local Authority Schools	..	..	17,709
Private Schools	..	..	837
Youth Organisations	..	..	1,333
<i>General Public</i>	..	..	11,286
			31,165

The numbers of users in the previous five years were:

1954	..	..	..	22,420
1955	..	..	..	25,521
1956	..	..	..	32,045
1957	..	..	..	27,152
1958	..	..	..	28,914

## Individual Baths

The number of users were as follows:

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>O.A.P.</i>	<i>Total</i>
Old Town	.. 4,004	3,742	589	—	8,335
Seaside	.. 13,273	7,865	1,818	247	23,203
		17,277	11,607	2,407	31,538

*Devonshire Swimming Baths* (under the control of the Entertainments Department). These comprise two indoor sea-water baths of 70,000 and 13,000 gallons capacity respectively, the larger bath being in use during the summer months only. The baths are filled initially with filtered sea water and wastage made good as required. The water is continuously recirculated and filtered through two rapid gravity filters, chlorinated, aerated and heated to a temperature of 72°–74°F. The circulation period is approximately four and a half hours, when both baths are in operation.



During the year fifty-two samples of water were submitted for bacteriological examination and the results are summarised below:

<i>Number of Samples</i>	<i>24-hour Plate Count at 37°C—</i>	<i>B. Coli in 100 ml.</i>
	<i>Number of Colonies per ml.</i>	
39	Less than 1	Less than 1
9	1-5	" " 1
2	5-10	" " 1
2	10-15	" " 1

## REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

ARTHUR LINDFIELD, Cert.R.S.H.

### General Summary

Visits and inspections made by the Public Health Inspectors in 1959:

For general public health purposes ..	4,306
Inspections under the Housing Act, 1957 ..	859
In connection with food and to food premises	3,756
Infectious Diseases Control visits and investigations .. .. .	18
Prevention of Damage by Pests Act, 1949 ..	385
Visits for miscellaneous purposes ..	1,160
	<hr/> 10,484 <hr/>

Food animals inspected at slaughterhouse .. 20,516

### Inspection of Food Premises

Inevitably in a seaside resort the duty of endeavouring to achieve and maintain a high standard of hygiene in all food businesses must be one of the major features in the work of the Public Health Inspectorate and we have continued our efforts in this direction, concentrating mainly upon those premises where experience has taught that this objective can only be achieved by fairly regular inspections. However, by advice, encouragement and, as occasion demands, verbal or written warnings, much has been done to achieve a gradual improvement in conditions.

With regard to the standard of hygiene of food businesses within the Borough, although difficult to generalise, we find that they fall into three very broad groups.

- (1) Those where considerable time, energy and money (initially at least) are expended on the maintenance of a very high standard of hygiene, and where as much care and attention is given to those parts of the premises out of sight of the public as those in full view.

- (2) Those where those parts in view of the public have every care and attention lavished upon them, but where behind the scenes conditions are far less imposing, but possibly above the minimal standards required by legislation.
- (3) Those, very fortunately a small minority, where compliance with the minimal requirements of the Food Hygiene Regulations are met. Usually the parts seen by the public reflect the general tone or standard, but occasionally the conditions prevailing behind the scenes are considerably lower. Year by year, for a variety of reasons, the number of such premises gradually diminishes.

Indeed, there are occasions when, considering the great efforts made by some as opposed to the comparative little effort of others, one wonders whether some form of official grading of food premises would not be the greatest means of improving standards.

It is pleasing to note, however, and, indeed, welcomed by the Public Health Inspector, that these days it is becoming more and more the practice when a food business changes hands, or is being newly established, for the Inspector to be consulted by the prospective occupier. By this means all legal requirements can be pointed out and advice based on experience given; the occupier is thus able to assess the full implications involved to meet the requirements before embarking on the full business adventure.

But, whatever may be said about food premises it is the actual food handler who is, perhaps, the real keystone to the problem of food hygiene and until all food handlers can be made to realise the potential dangers to which they subject food by lack of application of simple and elementary hygienic practices, the danger of food poisoning will remain.

Education and advice are the prime essentials of health administration today.

## **Food Inspection**

At all times during inspection of food premises vigilance is exercised to see that all foodstuffs are fit for human consumption, and it is only fair to say that these days very little trouble is experienced in this direction. On the contrary it is a very frequent occurrence for requests to be made to the Department for the inspection of doubtful commodities. There was no formal seizure of food during the year and a list of foods voluntarily surrendered is given below.

However, food inspection, in its broader application, involves far more than inspection as to fitness for consumption, and includes the scrutiny for correct labelling requirements and to ensure that false or misleading descriptions are not applied and in a few instances it has been necessary to call the attention of the occupiers of food businesses to some contravention in these matters.

By far the greatest number of complaints received by the Department concerning foodstuffs are about the presence of foreign extraneous matter in the commodity purchased and each complaint is carefully investigated and considered—where the original manufacture or processing of the food is carried out in areas outside the Borough the Health Department of the Authority of the area in which the factory, etc., is situated is communicated with. In only but a very small percentage of cases does the offending matter appear through possible negligence, it being readily appreciated that no firm or business could legitimately condone this, it is usually of accidental origin largely as a result of mechanisation of the food industry. Often these matters are very difficult to deal with, for the presence of the foreign matter does not of necessity itself render the food unfit for human consumption, action cannot therefore be taken under Section 8 of the Food and Drugs Act, 1955. Resource, if necessary, must be made to Section 2 of the Food and Drugs Act which creates an offence for supplying a commodity “not of the nature or quality or substance demanded”. Bearing in mind the dictum of the Lord Chief Justice that “I do not think we have ever said that the presence of something in an article of food must necessarily make that food not of the nature, quality or substance demanded by the purchaser” it will be seen that each case of complaint must be dealt with strictly on its merits, and will depend *inter alia* on the nature of the extraneous matter introduced into the article, whether it is unlikely to cause physical harm or injury to the consumer and whether it is likely, chemically or bacteriologically, to contaminate the article into which it is introduced.

Indeed, it is extremely doubtful whether existing legislation adequately serves or was intended for this type of complaint which, as stated, seems to be becoming more and more common.

### **Slaughtering and Inspection of Food Animals**

In the field of food inspection the most important duty is that of inspection of food animals at the Slaughterhouse, for it is here that the Inspector meets the sound and the diseased animal at first hand and can eliminate all meat that is diseased and unfit for food.

Effective meat inspection involves the attendance of the Inspector at all times when animals are being slaughtered and it is pleasing to report that a 100 per cent. inspection of all animals slaughtered was carried out, notwithstanding the fact that to ensure this it was necessary for an Inspector to be at the slaughterhouse long after normal office hours. A glance at the following table showing the percentage of the number of animals inspected found to be affected with some disease shows that this attention is vital and necessary.

The slaughterhouse premises are old, but work is well in hand to bring the premises up to the standard required by the Slaughter of Animals (Prevention of Cruelty) and the Slaughterhouse (Hygiene) Regulations.

## Carcases and Offal Inspected and Condemned in Whole or in Part

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed ..	1,756	395	2,576	7,780	8,009	—
Number inspected ..	1,756	395	2,576	7,780	8,009	—
<i>All diseases except Tuberculosis and Cysticerci:</i> Whole carcases condemned	—	3	5	34	15	—
Carcases of which some part or organ was condemned .. ..	893	246	15	1,180	574	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci .. ..	50·9	63·0	0·78	15·6	7·35	—
<i>Tuberculosis only:</i> Whole carcases condemned	2	1	—	—	—	—
Carcases of which some part or organ was condemned .. ..	6	15	—	—	50	—
Percentage of the number inspected affected with tuberculosis .. ..	0·46	4·05	—	—	0·62	—
<i>Cysticercosis:</i> Carcases of which some part or organ was condemned .. ..	2	1	—	—	—	—
Carcases submitted to treatment by refrigeration .. ..	2	1	—	—	—	—
Generalised and totally condemned .. ..	—	—	—	—	—	—

The number of food premises in the Borough fall broadly into the following classifications:

Bakers and Bakers' Shops .. ..	39
Breweries .. ..	1
Butchers .. ..	41
Confectioners (other than flour confections) ..	93
Dairies .. ..	8
Delicatessen and Sandwich Shops .. ..	15
Fish and Fried Fish .. ..	32



Fruiterers and Greengrocers .. ..	75
Grocers, Provision and General Stores ..	144
Ice Cream Manufacturers .. ..	11
Premises where Ice Cream is sold .. ..	172
Ice Cream Store .. ..	1
Meat Products Factories .. ..	4
Public Houses and Hotels with open bars ..	56
Restaurants, Cafes and Snack Bars .. ..	129
Slaughterhouse .. ..	1
Wholesale Manufacturers or Suppliers ..	7

Premises registered under Section 16 of the Food and Drugs Act, 1955, for the preparation or manufacturer of sausages, or potted, pressed, pickled or preserved food intended for sale totalled 63, comprising:

Butchers' Shops .. ..	34
Grocers and Provision Stores .. ..	21
Fried Fish Shops .. ..	7
Potato Crisps Manufacturer .. ..	1

Visits and inspections made to food premises, classified as to type, were:

Dairies and Milk Distributors .. ..	256
Ice Cream Manufacturers .. ..	180
Ice Cream Retailers .. ..	474
Bakehouses .. ..	85
Butchers' Shops and Wholesale Depots ..	299
Meat Products Preparation Premises ..	94
Fish Shops .. ..	132
Fried Fish Shops .. ..	61
Other Food Shops and Stores .. ..	358
Hotel and Restaurant Kitchens .. ..	839
Slaughterhouses .. ..	624
Food Samples Taken .. ..	678
Visits in connection with Unfit Food ..	166

## Milk and Dairies Regulations

Eastbourne is a specified area within the meaning of the Milk (Special Designation) (Specified Areas) Order, 1955, and therefore all milk sold in the town must comply with the conditions for treatment and handling prescribed by the regulations for milk sold under the Milk (Special Designation) Regulations. Well over 90 per cent. of the milk sold is pasteurised, the balance being made up of tuberculin tested farm-bottled milk, and a small sale of sterilised milk.

There is only one pasteurising establishment in the town, but two firms import milk from Brighton and Bexhill respectively for local sale.

### (a) REGISTRATION OF DAIRIES AND DISTRIBUTORS

(i) The following were registered under these regulations:

Dairies (premises) .. ..	8
Distributors (persons) .. ..	105



Of these, one dairy and two distributors were registered only for the sale of cream.

(ii) *Milk (Special Designation) Regulations*

To Pasteurise Milk	..	..	..	1
Dealers' Licences to use the designation "Pasteurised"	..	..	..	89
Dealers' Licences to use the designation "Sterilised"	..	..	..	29
Dealers' Licences to use the designation "Tuberculin Tested"	..	..	..	15

The above licences are renewable annually. This is in accordance with existing legislation, but it is considered that perhaps in the foreseeable future a more extended period could usefully be incorporated in the licence—for example, three years.

(b) SAMPLING OF MILK

Milk is sampled and examined broadly for three purposes: to ensure that the composition of the milk is up to the standard required; for testing as to cleanliness, keeping quality and effective pasteurisation; and for the presence of tuberculosis.

Samples taken for this purpose with the results of analysis or examination were as shown.

(i) *Chemical Analysis*

Nine samples were submitted for analysis, of which two were sold as Channel Island Milk.

The table shows the average composition of the samples and the average of the samples of Channel Island milk.

	<i>Milk Fat</i> %	<i>Milk Solids other than Milk Fat</i> %
Average for the year .. ..	3.61	8.78
Richest Sample (November) .. (excluding Channel Island Milk)	3.80	8.93
Poorest Sample (June) .. ..	3.30	8.75
Average of Channel Island Milk ..	4.55	9.05
Requirements of the Sale of Milk Regulations .. ..	3.00	8.50
Requirements of the (Channel Island) Milk Regulations ..	4.00	8.50

## (ii) *Bacteriological Examinations*

Class of Milk	No. of Samples Tested	Appropriate Tests	Number of Samples		
			Passed	Failed	Void
Pasteurised and Tuberculin Tested	130	Phosphatase .. Methylene Blue	130 128	— 1	— 1*
(Pasteurised) Tuberculin Tested .. (Farm Bottled Milk)	39	Methylene Blue	34	5	—
Sterilised .. ..	16	Turbidity Test	16	—	—

\* NOTE—On days when the atmospheric shade temperature exceeds 65°F. the Methylene Blue Test is recorded as void.

Reports on the five Tuberculin Tested (Farm Bottled) Milk samples which failed the prescribed test were referred to the County Milk Production Officer for attention at the farms.

## (iii) *Examination of Milk for the Presence of Tuberculosis*

In order to regulate the flow of samples, by arrangement with the Public Health Laboratory, samples of ordinary milk on arrival at the dairy and of farm-bottled milk are taken on a rota system during forty-eight weeks of the year.

Of the seventy-two samples taken, sixty-four proved to be negative. In seven cases the guinea pigs inoculated with the milk died between three days and five weeks after the injection, the results therefore being void. The remaining sample was broken in transit. M. Tuberculosis was not found in any sample.

## **Manufacture and Sale of Ice Cream**

### (a) REGISTERED PREMISES

The number of premises registered for the manufacture, storage or sale of ice cream in accordance with Section 16 of the Food and Drugs Act, 1955, was:

(a) Wholesale Manufacturer	..	..	1
(b) Manufacture and Retail Sale	..	..	10
(c) For the Sale of Ice Cream	..	..	163
(d) For storage of Ice Cream for the purpose of sale .. .. .	..	..	1

Visits and inspections of these premises totalled 654; 180 being to manufacturers' premises and 474 to retailers.

### (b) BACTERIOLOGICAL EXAMINATION

Three hundred and twenty-eight samples were submitted for examination by the Methylene Blue test. The result of this test is indicative of the bacteriological "cleanliness" of the ice cream examined. On this basis the ice cream is graded into one of four grades—Grades 1 and 2 being considered as satisfactory and Grades 3 and 4 indicating possible faults in technique of manufacture, storage and service.

As the following will indicate, of the 328 samples examined 9.23 per cent. were graded in Grades 1 and 2; 77.6 per cent. of these being in Grade 1.

Grade			Number	
1	..	..	255	} 303
2	..	..	48	
3	..	..	20	} 25
4	..	..	5	

It is indeed a compliment to the ice cream industry that this commodity, once the scapegoat for many potential ills, now shares with the dairy industry such a good general standard in relation to hygienic methods of production.

### Unfit Food

The following is a list of foodstuffs voluntarily surrendered by the vendors on being found to be unfit for human consumption:

Cake (lbs.) .. .. .	21	Meat and Offal (lbs.) .. ..	1,041
Cheese (lbs.) .. .. .	7	Meat (up to 4 lb. cans) ..	155
Coffee (cans) .. .. .	5	Meat (4 lb. and over, cans) ..	159
Cordials (botts.) .. ..	4	Milk (cans) .. .. .	29
Crab and Lobsters (stone) ..	5¼	Mousse, frozen .. .. .	14
Crab and Lobsters (cans) ..	2	Orange Drinks .. .. .	13
Cream (cans) .. .. .	1	Paste, Meat and Fish (jars) ..	7
Cream, imitation (galls.) ..	1	Pickles, etc. (jars) .. ..	2
Currants (lbs.) .. .. .	8	Pies, Meat .. .. .	97
Custard Powder (pkts.) .. ..	2	Poultry (lbs.) .. .. .	550
Egg, Liquid (cans) .. ..	728	Poultry (cans) .. .. .	6
Escallops (doz.) .. .. .	18	Prawns and Shrimps	
Fish (cans) .. .. .	53	(cans and jars) ..	22
Fish (stone) .. .. .	94¼	Rice, cooked (cans) .. ..	3
Flour (lbs.) .. .. .	6	Sausages (cans) .. .. .	2
Frozen Foods (pkts.) .. ..	131	Sausages (lbs.) .. .. .	41¾
Fruit (cans) .. .. .	532	Soup (cans) .. .. .	18
Ginger (ozs.) .. .. .	1	Spice (ozs.) .. .. .	1
Ginger, Crystallised (lbs.) ..	2	Sponge Mixture (pkts.) ..	22
Ground Almonds (lbs.) .. ..	2	Suet (pkts.) .. .. .	2
Ham (lbs.) .. .. .	1,638	Suet (lbs.) .. .. .	½
Instant Whip (pkts.) .. ..	2	Sugar (lbs.) .. .. .	10
Jam and Marmalade (lbs.) ..	7	Syrup (cans) .. .. .	3
Meat Products (lbs.) .. ..	34½	Vegetables (cans) .. ..	221

One hundred and sixty-six inspections were made in connection with the above unsound food.

The majority of this foodstuff was dealt with in small quantities and was disposed of by burning at the refuse destructor.

Unfit meat from butchers' shops and wholesale stores is disposed of under suitable safeguards for sterilisation and processing into animal foodstuffs, etc.

### Sampling of Food and Drugs

Fifty-seven formal and sixty-eight informal samples were submitted to the Public Analyst, of which three informal samples were found to be unsatisfactory.

## **Action taken in connection with samples which the Public Analyst reported to be unsatisfactory**

### **SAMPLE NO. 421—WHEELBARROW BUTTER**

Sample had numerous dark-coloured spots on the surface due to mould growth.

This informal sample was submitted for the Analyst's opinion as to the reason for the apparent mould growth. It was subsequently found to be due to intermittent storage in a refrigerator.

### **SAMPLE NO. 1062—ICED CARAMELS**

Colouring matter in pink coating was Rhodamine B, which is not a permitted colouring matter under "The Colouring Matter in Food Regulations, 1957". The suppliers of the colouring matter were found to be a firm in Dublin who stated that the manufacturers, also a Dublin firm, had not stated that the colouring was intended for export to the United Kingdom. A statement from the wholesalers stating that an approved colouring was used in the manufacture accompanied a further subsequent delivery.

### **SAMPLE NO. 1066—DOUBLE CREAM CHEESE**

Fat content only 24.5 per cent. In the opinion of the Analyst the fat content should be not less than 65 per cent. This was a small packet of French imported cheese said to contain 60 per cent. fat. It was not possible to take further samples as the proprietor had ceased to carry that line.

## **Action taken in respect of Other Unsatisfactory Food**

### **STICK OF ROCK WHICH CONTAINED A WIRE NAIL**

Vendor prosecuted. Fined £2.

## **Merchandise Marks Acts and Orders**

Certain imported food commodities, when exposed for sale, etc., are required to have exhibited an indication of the country of origin, and it was found necessary on a number of occasions to direct the attention of retailers to this requirement.

## **HOUSING**

The inspections made by the Public Health Inspectors for housing purposes were:

Dwelling Houses (Housing Act) ..	..	218
Dwelling Houses (Public Health Act) ..	..	131
Revisits .. .. .	..	491

Clearance Areas and Unfit Houses

FIVE-YEAR PROGRAMME

The Council's five-year programme estimated that the number of houses to be dealt with as individual unfit houses, unfit houses in clearance areas, or owned by the Council was 111

The position at the close of the year was:

Demolished in clearance areas .. .. .	52	
Included in confirmed clearance areas awaiting demolition .. .. .	17	
Demolished as a group of individuals .. ..	3	
Closed as a group of individuals .. .. .	3	
Owned by the Council, now demolished .. ..	5	
Individual unfit houses closed .. .. .	4	
Individual unfit houses demolished .. .. .	9	
Included in clearance areas now in hand .. ..	12	
Not now used for habitation .. .. .	1	
Taken out of Clearance Orders as not unfit .. ..	3	
	—	109
Extra to programme:		
Clearance area now in hand .. .. .	27	
	—	27

The two Clearance Areas represented in December comprised thirty-nine houses and four houses which had previously been put out of use for habitation. These areas are the Bourne Street Clearance Area and the Springfield Road Clearance Area.



## Housing Report

The table which follows gives the totals of the quarterly reports submitted to the Ministry of Housing and Local Government as to action taken in 1959.

### HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE

#### A—HOUSES DEMOLISHED

	<i>HOUSES DEMOLISHED</i>	<i>DISPLACED during period</i>	
		<i>Persons</i>	<i>Families</i>
<i>IN CLEARANCE AREAS</i>			
(1) Houses unfit for human habitation .. ..	—	44	21
(2) Houses included by reason of bad arrangement, etc, ..	—	—	—
(3) Houses on land acquired under Section 43 (2) Housing Act, 1957 ..	—	—	—
<i>NOT IN CLEARANCE AREAS</i>			
(4) As a result of formal or informal procedure under Section 17 (1) Housing Act, 1957 .. ..	8	—	—
(5) Local Authority-owned houses certified unfit by the Medical Officer of Health ..	1	3	1
(6) Houses unfit for human habitation where action has been taken under local Acts	—	—	—
(7) Unfit houses included in Unfitness Orders ..	—	—	—
<hr/>			
<b>B—UNFIT HOUSES CLOSED</b>	<i>Number</i>		
(8) Under Sections 16 (4), 17 (1) and 35 (1), Housing Act, 1957 .. ..	1	2	1
(9) Under Sections 17 (3) and 26, Housing Act, 1957 ..	—	—	—
(10) Parts of buildings closed under Section 18, Housing Act, 1957 .. .	—	—	—

#### C—UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	By Owner	By Local Authority
(11) After informal action by Local Authority ..	99	—
(12) After formal notice under		
(a) Public Health Acts .. ..	5	—
(b) Sections 9 and 16, Housing Act, 1957	—	—
(13) Under Section 24, Housing Act, 1957 ..	—	—

## D— UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)

	Number of houses (1)	Number of separate dwellings contained in column (1) (2)
Position at end of period		
(14) Retained for temporary accommodation ..		
(a) Under Section 48.. ..	—	—
(b) Under Section 17 (2) .. ..	1	1
(c) Under Section 46.. ..	—	—
(15) Licensed for temporary occupation under Sections 34 or 53 .. ..	—	—

## Housing (Financial Provisions) Acts, 1958 and 1959.

The coming into operation of the House Purchase and Housing Act, 1959, on the 14th June, marked a further stage in the raising of standards of housing providing, as it does, for the payment of a “Standard Grant” for the provision of five standard amenities.

The Census of 1951 confirmed the previous estimate that there were something of the order of 4,000 houses in the Borough without a bathroom, and the Improvement Grant provisions of the Acts of 1949 and 1954 were not helping greatly to improving these conditions. The introduction of the new “Standard Grant” seemed to be the spur needed and this did indeed appear to be the case as during the last six months no less than seventy applications were made to the Council for Standard Grants.

Grants up to a maximum of £155 can be claimed as of right by an owner of property proposing to instal the five standard amenities comprising:

- (a) a bath;
- (b) a wash-hand basin;
- (c) a hot-water supply;
- (d) a water closet in or contiguous to the dwelling; and
- (e) a satisfactory food cupboard;

or *pro rata* for the provision of any of them which do not already exist.

Of the seventy applications approved, no less than sixty-four included the provision of a bath and sixty-six had no domestic hot-water system.

A higher proportion of grants approved were to owners for the benefit of tenants, the figures being twenty-three as against forty-seven to owner-occupiers, whereas of the forty-one approved applications for Improvement Grants only seven were for the benefit of tenants, and thirty-four to owner-occupiers.

The earlier form of Improvement Grant is still available, but these are payable at the discretion of the Council. Usually new applications for the discretionary grant are approved only where the standard grant is insufficient to meet the cost of alterations or additions necessary to accommodate the proposed amenities, or for the conversion of other buildings into dwellings or of a house into flats, etc.

One looks forward to a much improved standard of housing through the use of the Standard Grants provisions.

### **Rent Act, 1957—Certificates of Disrepair**

The difficulties and hardship anticipated when this Act came into force did not become apparent to any great extent, and certainly the expected spate of applications for Certificates of Disrepair did not come to hand; altogether a total of only thirty-six applications had been received by the end of the year.

Applications, etc., dealt with in 1959 were:

Applications for certificates .. ..	4
Decisions not to issue certificates .. ..	—
Decisions to issue certificates .. ..	4
Undertakings given by landlords under paragraph 5 of the First Schedule ..	4
Certificates issued .. ..	—
Applications by landlords for cancellation of certificates .. ..	5
Objections by tenants to cancellation of certificates .. ..	1
Certificates cancelled .. ..	4

### **GENERAL INSPECTIONS FOR PUBLIC HEALTH PURPOSES**

Visits and inspections made by the Public Health Inspectors for the above purposes were:

Complaints investigated .. ..	572
Schools .. ..	49
Camping Sites and Moveable Dwellings ..	164
Places of Public Entertainment .. ..	6
Public Baths .. ..	140
Drainage and Plumbing Works .. ..	1,117
Land Charges Enquiries .. ..	620
Stables and Piggeries .. ..	55
Smoke Observations .. ..	323
Factories .. ..	239
Workplaces .. ..	23
Outworkers' Premises .. ..	4
Shops (Section 38, Shops Act, 1950) ..	118
Departmental Properties .. ..	191

Revisits .. .. .	685
Infectious Disease Investigations .. ..	18
Miscellaneous Visits .. .. .	1,160

## Statutory Notices under the Public Health Act, 1936

Most owners of property comply with the requirements of informal notices, but there are occasions when it is necessary to serve formal notices. The following formal notices were served:

Section 39—To repair drainage .. ..	3
Section 75—To provide dustbins .. ..	6
Section 79—To remove accumulation of refuse .. .. .	1
Section 93—To abate nuisances .. ..	5

With the exception of one dustbin provided by the Council in default, the necessary works were put in hand by the person on whom the notice was served, and there was no necessity for action before the Justices.

## Moveable Dwellings and Camping Sites

Applications were received as follows:

For licences to use land as a site for moveable dwellings (during the season only) ..	3
For licences to station individual caravans ..	2

One of the above applications to use land as a site for ten caravans was subsequently refused Town Planning permission.

There is a large residential caravan site in the Borough, part of which extends into the adjoining Rural District of Hailsham. Thirty of the caravans are within the Borough. All sanitary facilities are provided.

A large modern caravan park, comprising 229 caravans, with a high standard of permanent amenities, is now in operation from May to October in each year.

## Shops Act

One hundred and eighteen inspections of shops were carried out in connection with the health and welfare provisions of the Shops Act, 1950. The general standard of hygiene and cleanliness was good.

## Schools

Most of the schools under the control of the Local Authority have their own kitchen. A container service to some of the smaller schools is maintained, the meals being prepared in larger school kitchens, but the number so supplied is few, and will soon cease.

Although the kitchens are now dispersed over a wide area, the generally good standard of food hygiene is well maintained.



## **Rag Flock and Other Filling Materials Act**

There were nine premises registered by the Local Authority under the provisions of this Act and frequent inspections were made to these premises to ensure that the provisions as to cleanliness of materials and bedding were complied with.

## **Pet Animals Act, 1951**

Seven applications for licences to keep pet shops were received during the year, all of which were granted.

## **Clean Air Act, 1956**

Three major complaints were reported, one concerning the emission of grit, one of dark smoke and grit, and one in connection with the emission of oily smuts.

Investigations, consultation with fuel suppliers and heating engineers and advice to stokers resulted in the abatement of the nuisance in the case of one large hotel; in the second improvement of and control of draught is having some effect and the installation of a grit arrester is in hand.

In the case of the oil-burning furnaces it was found that there was incomplete combustion due to demand for steam being much lower than the load for which the installation was designed. Improvement has so far been effected by modification of the burners.

Many observations of the emission of dark smoke from chimneys have been made and, where necessary, informal and educative action taken to improve the stoking and control of the boilers so as to bring the emissions within the range prescribed by the Regulations.

The present tendency to demolish uneconomic Victorian types of property near the town centre and to replace this with high-density blocks of flats will in a large measure help to reduce domestic smoke.

## **RODENT CONTROL**

### **(a) Surface Control**

As required by the Prevention of Damage by Pests Act, 1949, the rodent operators continued the survey and inspection of land and premises dealing with rats and mice as found, also dealing with complaints.

The Council provides a free service for private dwellings, but a charge is made for the treatment in business and other premises.

A summary of the work done in the control of these rodents indicates the extent of this work.



	TYPE OF PROPERTY			
	<i>Local Authority</i>	<i>Dwelling Houses</i>	<i>Business</i>	<i>Total</i>
Number:				
Inspected on Complaint	17	228	26	271
Inspected on Survey or Investigation ..	71	571	281	923
Found to be infested by:				
Rats (a) Major ..	3	3	1	7
(b) Minor ..	10	216	11	237
Mice (a) Major ..	5	3	21	29
(b) Minor ..	15	161	22	198
Treated by Operators	33	383	55	471
Visits for all purposes	415	4,629	857	5,901

Number of block control schemes carried out—26.

### (b) Sewer Baiting

Test baiting of some 10 per cent. of all sewer manholes in May indicated that the number of sewer lengths harbouring rats had not increased and that the treatment could be confined to about 150 or so manholes in contrast to the 400 or so a few years ago.

Treatments were carried out in May and in November and from the table below it will be seen that the number of heavy infestations remains fairly constant, the result of the treatment in November 1958 being given as an indicator.

Sewers are baited with Warfarin in oatmeal with a mould inhibitor added, and a period of four days allowed between each of the three baitings in both treatments giving a longer feeding time. A lethal bait is laid in all manholes to be treated and these are topped-up with further lethal baits on the succeeding baiting days where there are indications of rats being present.

	<i>November 1958</i>	<i>May 1959</i>	<i>November 1959</i>
Manholes baited ..	135	147	132
Heavy infestation (complete clearance of baits) ..	37	42	36
Moderate to light infestation (partial take of bait)	5	21	2
No evidence of rats (baits not touched) .. ..	93	84	94

## Factories Acts, 1937 to 1959

### Part I of the Act

#### 1—INSPECTIONS FOR PURPOSES AND PROVISIONS AS TO HEALTH

<i>Premises</i>  (1)	<i>Number on Register</i>  (2)	<i>Number of</i>		
		<i>Inspections</i>  (3)	<i>Written Notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	62	73	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. ..	235	147	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	138	18	1	—
TOTAL ..	435	238	4	—

## 2—CASES IN WHICH DEFECTS WERE FOUND

<i>Particulars</i>  (1)	<i>Number of cases in which defects were found</i>			<i>Number of cases in which prosecutions were instituted</i>	
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	(6)
Want of cleanliness (S.1)	9	9	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) .. ..	—	—	—	—	—
Inadequate ventilation (S.4) .. ..	—	—	—	—	—
Ineffective drainage of floors (S.6) .. ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective ..	8	8	—	—	—
(c) Not separate for sexes .. ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) .. ..	1	1	—	—	—
TOTAL ..	18	18	—	—	—

Part VII of the Act—Outwork

SECTIONS 110 AND 111

<i>Class of Work</i>		<i>Section 110</i>		
		<i>No. of Out-Workers in August list required by Section 110</i> (1) (c) (2)	<i>No. of cases of default in sending lists to the Council</i> (3)	<i>No. of prosecutions for failure to supply lists</i> (4)
(1)				
Wearing apparel	Making, etc. . .	30	—	—
	Cleaning and Washing	4	—	—
Household linen . . . .		1	—	—
Lace, lace curtains and nets . .		2	—	—
Curtains and furniture hangings		2	—	—
Furniture and upholstery . .		6	—	—
Umbrellas, etc. . . . .		1	—	—
TOTAL . . . . .		46	—	—

SECTION III

There were no instances found of work being done by outworkers in unwholesome premises.

## **SECTION F**

### **MISCELLANEOUS**

Nursing Homes

Nursing Agencies

Nurseries and Child Minders

Children Act, 1948

National Society for the Prevention of Cruelty to Children

Staff Medical Examinations

Midwives Act, 1951

Meteorology

### **Public Health Act, 1936—Section 187**

#### **NURSING HOMES**

One additional Nursing Home was registered during the year and at the end of the year thirteen Nursing Homes provided an approximate total of 196 beds for chronic, medical and surgical patients.

#### **Nurses Agencies Act, 1957**

One licence was surrendered and one new licence issued. In effect this was a transfer of an existing agency to new premises under different management. One other licence in respect of an existing agency was renewed. All records were satisfactory on inspection by an authorised member of the staff of the Department.

#### **NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948**

Two premises other than private dwellings where children are received to be looked after for the day, or a substantial part of the day, or for any longer period not exceeding six days, remained registered under this Act.

Two additional registrations as Child Minders were made during the year, bringing the total of such registrations to seven. The number of children to be cared for by Order made by the Council is restricted to a combined total of thirty-seven.

#### **Children Act, 1948**

The Medical Officer of Health remained on the list of general practitioners of the Local Executive Council and the medical staff of the Department were responsible for the medical care of all children in the Council's residential homes.



Dental inspection of the children was carried out in the Homes by the Chief Dental Officer and any necessary treatment was provided without delay through the School Dental Service or, in the case of pre-school children, through the Council's arrangements for dental treatment under the National Health Service Act.

## REPORT BY THE LOCAL INSPECTOR OF THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Once again I am indebted to Inspector B. H. Rich for the following details of the work the Society undertook during the year:

1—Cases referred by the staff of the Public Health Department.

<i>Classification</i>	<i>Cases</i>	<i>Children</i>				<i>Total</i>
		<i>0-2</i>	<i>2-5</i>	<i>5-15</i>	<i>16-17</i>	
Neglect .. ..	8	8	8	14	1	31
Beyond Control .. ..	1	—	—	1	—	1
Moral Danger .. ..	1	—	1	—	—	1
Immoral Offences .. ..	1	—	—	2	—	2
Advice Sought .. ..	2	1	—	1	—	2
	13	9	9	18	1	37

2—Other cases reported by the general public and other officials were classified as:

Neglect .. ..	23
Assault or ill-treatment .. ..	4
Beyond control .. ..	4
Moral danger .. ..	1
Immoral offences .. ..	—
Advice sought .. ..	34
	66

These cases involved 206 children, of whom 113 were boys and 93 girls.

The number of visits made in connection with cases reported by the Public Health Officers was 134.

## STAFF MEDICAL EXAMINATIONS

The medical staff again devoted a considerable amount of time to medical examinations in connection with new entrants, superannuation and of staff of various departments concerning absence from duty on account of accident or illness.

In 1959 the examinations were:

New appointments, superannuation, etc. ..	270
Sick pay .. ..	41
	311

In addition to the above, thirty-five examinations were carried out on candidates for admission to training colleges.

There were also twelve sessions at Chelsea Training College and three at Eastbourne Training College for medical inspection.

## **MIDWIVES ACT, 1951**

The Local Health Authority is the Local Supervising Authority for the purposes of the Midwives Act, 1951.

During the year thirty-nine midwives notified their intention to practise, of whom four were in the Local Health Authority's Domiciliary Midwifery Service, and thirty-one were employed in the Hospital Service.

## **METEOROLOGY**

Borough Meteorologist: W. L. PECK

### **Sunshine**

The total of 2,132.1 hours for 1959 was the third highest total recorded since 1888, being 21 hours lower than the figure for **1949** and 26 hours lower than **1911**. Eastbourne was placed second in the Air Ministry list for all stations on the mainland for 1959. All the summer months, May to September and October were above average, whereas all the winter months, except January, were below average.

### **Temperature**

The annual mean temperature of 52.6 was equal to the highest recorded since records began, *i.e.*, 52.6 in 1921. The average mean temperature of 61.3 for the summer months, May to September, was the highest recorded. Night temperatures were also well above average for all months of the year except January and February.

### **Sea Temperature**

The monthly mean temperature was above the average for every month of the year, except February, and the daily average temperature of 54.3 for the whole year was the highest since records began.

### **Rainfall**

The total of 30.60 inches for the year was 0.61 inch below the 67-year average. The summer months, May to September, were all well below average, only 4.24 inches being recorded against the average of 10.77 inches for the five months. In the first nine months of the year only 12.70 inches of rain were recorded, but in the last three months of the year 17.90 inches were recorded.

## Summary of Observations

### AIR PRESSURE (Mean Sea Level)

#### Daily Average

9 a.m.	..	..	..	..	..	30.053 inches
9 p.m.	..	..	..	..	..	30.040 „

### AIR TEMPERATURE:

#### Daily Average

Maximum	..	..	..	..	58.2 degrees
Minimum	..	..	..	..	47.1 „
Combined	..	..	..	..	52.6 „
Range	..	..	..	..	11.1 „
At 9 a.m.	..	..	..	..	53.6 „
At 9 a.m.	..	..	..	..	52.0 „
Warmest Day—9th July	..	..	..	..	81 „
Warmest Nights—9th and 26th August	..	..	..	..	65 „
Coldest Day—11th January	..	..	..	..	35 „
Coldest Night—17th January	..	..	..	..	26 „

### EARTH TEMPERATURES:

#### Daily Averages

At 1 foot	..	..	..	..	54.2 degrees
At 4 feet	..	..	..	..	54.7 „

### SUNSHINE:

Total	..	..	..	..	2,132.9 hours
Daily Average	..	..	..	..	5.83 „

### RAINFALL:

Total	..	..	..	..	30.60 inches
“Rain” days	..	..	..	..	137

### HUMIDITY:

#### Daily Averages

9 a.m.	..	..	..	..	81 per cent.
9 p.m.	..	..	..	..	83 „ „

### WINDS:

Percentage of 9 a.m. and 9 p.m. observations.

<i>Direction</i>	<i>Percentage</i>
N.	14.80
N.E.	8.90
E.	8.63
S.E.	7.53
S.	8.77
S.W.	7.67
W.	23.15
N.W.	12.88
Calm	7.67

## Prevailing Winds—West

Snow and Sleet recorded on ..	..	..	1 day
Thunderstorms recorded on ..	..	..	10 days
Fog (9 a.m.) recorded on ..	..	..	14 „
Gales recorded on ..	..	..	7 „
Air Frost recorded on ..	..	..	27 „
Ground Frost recorded during ..	..	..	30 nights

## Sunshine

The position of the Resorts in Southern districts in the Air Ministry list (for mainland) were:

<i>Position</i>	<i>Town</i>	<i>Total Hours</i>	
1	Littlehampton ..	..	2146·1
2	EASTBOURNE ..	..	2132·9
3	Worthing ..	..	2123·9
4	Hayling Island ..	..	2122·9
7	Bognor ..	..	2094·2
8	Southsea ..	..	2091·9
9	Weymouth ..	..	2085·2
10	Hastings ..	..	2079·4
11	Bournemouth ..	..	2077·7
13	Torquay ..	..	2076·2
14	Folkestone ..	..	2062·2
17	Penzance ..	..	2050·1
18	Brighton ..	..	2045·1
19	Dover ..	..	2044·3
20	Swanage ..	..	2043·6
21	Plymouth ..	..	2033·4
23	Poole ..	..	2032·5
25	Margate ..	..	2029·3
27	Seaford ..	..	2023·6
29	Ramsgate ..	..	2010·6
37	Paignton ..	..	1966·2
41	Bexhill ..	..	1960·6

AVERAGES: 67 YEARS. 1888 TO 1941 AND 1947 TO 1959

Month	Air Temperature			Mean Sea Tem- pera- ture	Sunshine		Rainfall	
	Means of				Total Hours	Daily Hours	Inches	'Rain' Days
	Maxi- mum	Mini- mum	Max. and Min. Com- bined					
January ..	45.1	37.1	41.1	42.5	62.7	2.02	3.00	17
February ..	45.2	36.4	40.8	41.2	83.2	2.97	2.28	14
March ..	48.4	38.1	43.3	42.8	137.4	4.43	2.18	14
April ..	52.9	41.4	47.2	46.9	180.2	6.01	1.89	13
May ..	59.1	47.0	53.0	52.9	235.7	7.60	1.67	11
June ..	63.9	52.1	58.0	58.6	238.0	7.93	1.79	11
July ..	67.2	56.0	61.6	52.6	235.7	7.60	2.26	11
August ..	67.6	56.3	62.0	63.8	217.9	7.03	2.58	13
September ..	64.6	52.9	58.8	61.3	174.4	5.81	2.47	12
October ..	58.2	47.3	52.7	55.8	122.4	3.95	3.84	16
November ..	51.3	42.0	46.7	49.6	71.2	2.37	3.76	15
December ..	47.1	38.9	43.0	45.4	53.5	1.73	3.49	18
Year ..	55.9	45.5	50.7	52.0	1812.3	4.95	31.21	165

MONTHLY AVERAGES 1959

Month	Air Temperature					Mean Sea Tem- pera- ture	Sunshine		Rainfall	
	Means of			High- est	Low- est		Total Hours	Daily Hours	Inches	'Rain' Days
	Maxi- mum	Mini- mum	Max. and Min. Com- bined							
January ..	43.5	33.9	38.7	52	26	43.5	100.4	3.24	4.31	16
February ..	44.0	35.7	39.9	56	28	41.1	73.4	2.62	—	—
March ..	50.8	41.3	46.1	54	34	44.9	128.4	4.14	1.69	20
April ..	54.9	45.1	50.0	60	37	49.8	163.5	5.45	2.46	16
May ..	62.2	48.6	55.4	75	40	55.5	250.1	8.07	0.49	4
June ..	65.9	53.3	59.6	73	41	60.8	296.0	9.87	0.91	9
July ..	70.8	57.6	64.2	81	52	65.5	333.0	10.74	1.57	6
August ..	71.2	58.6	64.9	76	50	66.9	246.4	7.95	1.01	8
September ..	69.5	55.1	62.3	76	46	64.0	265.8	8.86	0.26	1
October ..	62.3	51.3	56.8	70	38	60.1	171.7	5.54	4.20	14
November ..	53.0	43.2	48.1	60	33	52.1	72.0	2.40	5.96	18
December ..	49.9	41.2	45.6	54	30	47.9	32.2	1.04	7.74	25
Year ..	58.2	47.1	52.6	81	26	54.3	2132.9	5.83	30.60	137



1959 MONTHLY VARIATIONS FROM AVERAGES

	<i>Maximum</i> °F.	<i>Minimum</i> °F.	<i>Sea</i> °F.	<i>Sunshine</i> <i>Hours</i>	<i>Rainfall</i> <i>Inches</i>
January ..	−1·6	−3·2	+1·0	+37·7	+1·31
February ..	−1·2	−0·7	−0·1	−9·8	−2·28
March ..	+2·4	+3·2	+2·1	−9·0	−0·49
April ..	+2·0	+3·7	+2·9	−16·7	+0·57
May ..	+3·1	+1·6	+2·6	+14·4	−1·18
June ..	+2·0	+1·2	+2·2	+58·0	−0·88
July ..	+3·6	+1·6	+2·9	+97·3	−0·69
August ..	+3·6	+2·3	+3·1	+28·5	−1·57
September ..	+4·9	+2·2	+2·7	+91·4	−2·21
October ..	+4·1	+4·0	+4·3	+49·3	+0·36
November ..	+1·7	+1·1	+2·5	+0·8	+2·20
December ..	+2·8	+2·3	+2·5	−21·3	+4·25
Year ..	+2·3	+1·6	+2·3	+320·6	−0·61



# SCHOOL HEALTH SERVICE

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1. Statistics.
2. School Hygiene.
3. Medical Inspection.
4. Work of the School Nurses.
5. Arrangements for Treatment.
6. Child Guidance Service.
7. Handicapped Children.
8. Special Tuition (Home and Hospital).
9. Dental Clinic.
10. Families with Difficulties and Problems.
11. Juvenile Crime.
12. Employment of Children.
13. Provision of Clothing.
14. School Meals and Milk.
15. Notification of Infectious Disease.
16. Tuberculosis.
17. Diphtheria Immunisation.
18. Deaths of Schoolchildren.
19. Training Colleges.



# SCHOOL HEALTH SERVICE

SCHOOL HEALTH DEPARTMENT  
AVENUE HOUSE  
EASTBOURNE

*To the Chairman and Members of the Education Committee*

LADIES AND GENTLEMEN,

In many ways this year has become a springboard for the '60s. In sympathy with the recommendations of the Chief Medical Officer of the Ministry of Education expressed in his report on the Health of the School Child for the years 1956 and 1957, a considerable amount of time was spent in replanning the School Health Service in Eastbourne to meet the needs of the present-day school child. The revised procedure came into operation at the beginning of the autumn term and details are to be found under the title of "Medical Inspection" in the main body of this report. Although in its infancy, the scheme appears to be discovering more children requiring advice, treatment or observation. Parents of such children have expressed their appreciation of the fact that School Medical Officers are keeping the schools under constant observation.

I am heartened by the higher percentage of parents attending periodic medical inspections. It is vitally important that one of the parents is present, as it obviously leads to better team work between the parent, teacher and School Medical Officer. The child himself cannot and often does not want to give the right answer to a specific question. Unlike school entry, the attendance of parents at school-leavers examinations is extremely low and there is no doubt that teenagers resent parental intrusion at such times. It is true to say that the adolescent will often give much more information about his plans for the future and his attitude to life in general if no parents are present. Unfortunately, when it comes to giving advice, the School Medical Officer is in only a slightly better position than the father or mother. For example, in the case of correct footwear for an adolescent girl, it is virtually impossible to shock her by pointing out the real danger of defect or disease in ten or fifteen years' time. She has, in her opinion, more important things to think about or do, she is, in fact, an epicurean in her outlook during adolescence and will have to be a stoic when she reaps the harvest of her own making. This unhappy state of affairs is not helped by commercial advertising in the Press or on Television, which finds the teenage period such a fertile field for a large part of its propaganda. The limited resources and time of the School Medical Officer and School Nurse cannot possibly avail much against this tempting and highly specialised attack aided by vast financial resources. An example of this constant endeavour is seen in the promotion of dental health, where the School Health Service has never given up the conflict against widespread teeth decay. It would seem, however, that it still has to wage a greater battle against decay in healthy thinking generally.



The incidence of nocturnal enuresis, or to use the lay term bed-wetting in children, is still substantial and in time becomes a problem which affects the whole family. The mother finds the washing of soiled garments and bedding an ever-increasing burden. Some families do not go away on holiday because of the bed-wetter, as they dare not ask relatives or friends to take on the responsibility. The child himself cannot go to a camp or any holiday organised for his contemporaries at school. A certain number of special enuresis alarms have been acquired and have been in continued use by enurctic children. The results so far have been favourable and it is hoped that families living with this problem will be helped.

Absenteeism from school would appear to continue at the same level and much is due to physical illness, although occasionally it is precipitated by emotional factors. We are left, however, with a hard core of children who persistently and deliberately truant because their parents do not care and have little or no control. These children are not only a challenge to teachers and School Medical Officers, but to the community at large because so many of them in due time appear in the juvenile court.

My thanks are due to you, Mr. Chairman, and members of the Committee for your encouragement and interest in the School Health Service during the year. A special word of appreciation is also due to the Head Teachers and their staff in assisting and co-operating in the revised medical inspection procedure. I am also indebted to the Consultant Specialists of the local hospitals for their ready help and advice when requested and also to the general practitioners when approached on any matter relating to a school child under their care.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,  
*Principal School Medical Officer.*

## EDUCATION COMMITTEE

(as constituted at 31st December, 1959)

*The Mayor:*

ALDERMAN J. W. G. HOWLETT, J.P.

*Chairman:*

ALDERMAN MISS G. L. PARKER

*Deputy Chairman:*

ALDERMAN S. M. CAFFYN, C.B.E.

### *Councillors*

T. A. ALSTON  
G. A. BOSLEY  
J. B. COVENTRY  
MISS M. M. M. FENWICK-OWEN  
G. S. FOYLE  
H. INGRAM  
W. P. LEBBON  
MRS. F. M. LLEWELLYN  
W. A. NEALE  
F. A. POPE  
R. G. ROGERS  
C. J. H. TOLLEY

### *Co-opted Members:*

REV. W. W. S. MARCH  
REV. CANON J. J. CURTIN  
REV. J. P. VEALL  
MRS. I. A. SNELL  
PROFESSOR H. BERRY  
MR. K. R. JACKSON

## SCHOOL HEALTH SERVICES

### *(a) Full-time Officers*

*Principal School Medical Officer:*

K. O. A. VICKERY, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

*Deputy Principal School Medical Officer:*

THOMAS A. PLUMLEY, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.,  
D.Obst., R.C.O.G.

*School Medical Officer:*

MARJORIE I. GODSON, M.B., Ch.B.

*Principal School Dental Officer:*

MAURICE G. BERRY, L.D.S., R.C.S.

*School Dental Officer:*

J. W. MARTIN, L.D.S.

*Superintendent Health Visitor:*

MRS. S. M. JAMES, S.R.N., H.V.Cert.

*Health Visitors/School Nurses:*

MISS J. C. M. BERK, S.R.N., H.V.Cert.  
MISS B. D. BEALE, S.R.N., S.C.M., H.V.Cert. (from 11.5.59)  
MISS E. L. CLARK, S.R.N., H.V.Cert.  
MRS. D. I. DALE, S.R.N., S.C.M., H.V.Cert.  
MRS. L. FOSTER, S.R.N., S.C.M., H.V.Cert. (to 11.9.59)  
MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert.  
MISS M. G. HEMMING, S.R.N., H.V.Cert.  
MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.  
MISS B. E. KEEN, S.R.N., S.C.M., H.V.Cert.  
MISS R. E. TOPHAM, S.R.N., S.C.M., H.V.Cert. (from 20.10.59)

*Speech Therapist:*  
MRS. K. HANSFORD, L.C.S.T.

*Clerical Staff:*  
MISS B. DOUCH (Senior)  
MISS J. MARKWICK  
MISS S. BROWN

*Dental Attendants:*  
MRS. D. D. STONER  
MISS A. BRIDGEN (to 11.12.59)  
MISS D. WARD (from 8.12.59)

**(b) Part-time Officers**

*Consultant Orthodontic Surgeons:*  
NORMAN GRAY, F.D.S., R.C.S., H.D.D., L.D.S., Dip.Orth.R.C.S.  
ROGER ABBEY, D.D.O., R.F.P.S.(G.), L.D.S., R.C.S.(Eng.)

*Orthodontic Assistants:*  
H. G. GRIFFITH, B.D.S., L.D.S., R.C.S.  
DOUGLAS W. MARTIN, B.D.S., L.D.S., R.C.S.(Eng.)

*Child Guidance Service:*  
DORIS KATHLEEN SMALL, L.R.C.P., L.R.C.S., D.P.M.  
HUGH ELWELL, M.A., M.R.C.S., L.R.C.P., D.P.M.  
MISS M. LOGG, B.A., Dip.Psych., Educational Psychologist  
MRS. M. SCOTT, M.A., Psychiatric Social Worker (to January 1959)  
MISS B. KEMP, Social Worker (from February 1959)  
MRS. J. BARRON, Clerk

**CLINICS**

*The various Clinics were held as follows:*

*Special Examinations Clinics*

These were held at Avenue House, Acacia Villa, Hampden Park Hall and Green Street Clinics and also at Hampden Park Secondary School and Highfield Primary School as required.

*Speech Therapy*

Acacia Villa .. ..	Fridays
Avenue House .. ..	Tuesday and Wednesday during school terms, 9.15 a.m. and 2.15 p.m.
Hampden Park Infants' School ..	Weekly sessions
The Downs School .. ..	Weekly sessions
Swallows Nest School .. ..	Weekly sessions
Occupation Centre .. ..	Weekly sessions
Bourne Infants .. ..	Weekly sessions

*Child Guidance*

Avenue House	
Psychiatrist .. ..	Thursday, 9 a.m. Friday, 9 a.m. and 2 p.m.
Educational Psychologist ..	Thursday, Friday and alternate Tuesdays, 9 a.m. and 2 p.m.

*Ophthalmic*

Princess Alice Hospital ..	Special sessions fortnightly, Friday, 9.30 a.m.
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*Dental*

Avenue House .. ..	Daily, 9 a.m. and 2 p.m.
Anaesthetic sessions .. ..	Monday and Thursday, 9.30 a.m.
Orthodontic sessions .. ..	Tuesday and Friday, 9 a.m.

## 1. STATISTICS

The number of children on the School registers on reopening in January was 6,603 and 6,630 by the end of the year. There were 998 children admitted during the year and the net decrease compared with the end of 1958 was eight. Fifty-three Eastbourne children commenced attendance at the new St. Richard's Roman Catholic School at Bexhill in January.

The average attendance of children for the year was 6,171, a percentage of 92.75.

### TOTAL NUMBER OF CHILDREN

At Primary Schools	..	..	..	..	3,455
At Secondary Schools, including Grammar Schools	..				3,071
At Special Schools	..	..	..	..	104
					<hr/>
Total					.. 6,630
					<hr/>

## 2. SCHOOL HYGIENE

Standards of hygiene of school premises and canteens were kept under constant supervision by the medical staff and public health inspectors and subject to limitations of accommodation in certain schools, continued to be satisfactory.

## 3. MEDICAL INSPECTION

In accordance with the recommendation of the Chief Medical Officer of the Ministry of Education in his Annual Report on the Health of the School Child for the years 1956 and 1957 that the School Health Service should make experiments to meet the needs of the present-day school child, it was decided to institute a revised medical inspection procedure. After consultation with the Chief Education Officer and the Head Teachers of the schools, the new arrangements came into being in the Autumn Term. The details of the new scheme are as follows:—

### INFANT SCHOOL

- (1) A routine medical inspection is carried out on every entrant during the third, instead of the first, term at Infant School. In order to acquire the fullest information about each child, the parents are asked to complete a questionnaire and if the Head or Class Teacher has any relevant information, a teacher's report is also provided for the School Medical Officer.
- (2) Every child is seen annually by the School Medical Officer during Physical Education to discover any defects.
- (3) Every child's sight is tested annually and visual defects referred to the Eye Clinic.

- (4) Defects are re-examined periodically and any special cases referred by the Head or Class Teacher or School Nurse, are seen by the School Medical Officer and appropriate action is taken.
- (5) It is hoped that in due course, routine audiometry will be instituted in all Infant Schools to detect less severe types of deafness, which tend to retard a child's progress.

#### JUNIOR SCHOOL

- (1) Every child continues to be seen annually by the School Medical Officer during Physical Education to discover any defects.
- (2) As in the case of Infant School, every child's sight is tested annually and visual defects referred to the Eye Clinic.
- (3) Defects are re-examined periodically and any special cases referred by the Head or Class Teacher or School Nurse are seen and appropriate action taken.

#### GRAMMAR OR SECONDARY MODERN SCHOOL

- (1) Every child continues to be seen annually by the School Medical Officer during Physical Education to discover any defects.
- (2) As in the case of Infant and Junior School, every child's sight is tested annually and visual defects referred to the Eye Clinic.
- (3) Defects are re-examined periodically and any special cases referred by the Head or Class Teacher or School Nurse are seen by the School Medical Officer and appropriate action taken.
- (4) During a child's second term at school, the Head or Class Teacher is asked to bring forward any child who appears to them to need a review by the School Medical Officer. At the same time parents are sent a special letter asking if they wish their child to be seen by the School Medical Officer regarding any problems.
- (5) The routine medical inspection of school-leavers is carried out during the early part of the child's last year at school. Previously this inspection took place during the latter part of the last year. The parents are asked to fill in a questionnaire at the time of the medical examination and enter any problem they may have respecting the child.

#### ADDITIONAL PERIODIC INSPECTIONS

Additional medical inspections continue to be carried out on pupils attending a maintained school who missed the normal periodic examination, and also on pupils remaining at school beyond school-leaving age.

Total number of children examined at periodic medical inspections was 1,861. A percentage of 23.21 was found to have one or more defects requiring treatment other than dental disease or infestation with vermin.



GENERAL CONDITION OF CHILDREN INSPECTED

An estimate of the child’s physical condition at the time of inspection was made and children classified as follows:—

Satisfactory .. .. .	1,855 (99.68 per cent.)
Unsatisfactory .. .. .	6 ( 0.32 per cent.)

The percentage of parents who were present during the periodic medical inspections was 72.49. In the younger age groups the value of the inspection is greatly enhanced by this contact between doctor, parent, school nurse and teacher.

SPECIAL INSPECTIONS

Re-examination of any defects found at previous medical inspection amounted to 1,390. Four hundred and fifty-two children were brought to the notice of the School Medical Officer by parents, teachers and school nurses as requiring treatment and observation. Those dealing with children are greatly to be encouraged in bringing any doubt they may have to the attention of the School Health Service.

4. WORK OF THE SCHOOL NURSES

	<i>Sessions</i>				
Medical Inspections .. .. .	..	..	..	..	162
Hygiene Inspections .. .. .	..	..	..	..	87
School Clinics .. .. .	..	..	..	..	6
Vision Testing in School .. .. .	..	..	..	..	68
Dental Clinics .. .. .	..	..	..	..	173
Minor Ailment Clinics .. .. .	..	..	..	..	469
				—	965
	<i>Visits</i>				
Home Visits to School Children .. .. .	..	..	..	..	440
Other School Visits .. .. .	..	..	..	..	141
				—	581
Grand Total ..				..	1,546

PERSONAL HYGIENE

The hygiene inspections were held primarily with regard to head and general cleanliness, but the opportunity was taken to assess the general state of health of the pupils. Out of 8,865 individual examinations, fifty-five children were found to be infested.

Many families with problems or difficulties sought the advice of the Health Visitor/School Nurse. Details are given under Section 10.

5. ARRANGEMENTS FOR TREATMENT

Children with defects are referred to their family doctor, to hospital for specialist opinion, or to the School Clinic for treatment for minor ailments and other special defects.

MINOR AILMENT CLINICS		1958	1959
Total number of children who attended	..	575	419
Total attendances made	.. ..	1,966	1,776
Total number of defects treated	..	577	420
Conditions treated were:			
Impetigo	.. ..	25	28
Eye Diseases (external)	.. ..	50	25
Ear Diseases	.. ..	16	9
Other skin diseases (boils, septic condition, etc.)		252	196
Miscellaneous (sprains, burns, cuts, etc.)	..	234	160
Total		577	420

## SKIN DISEASES

The downward trend in the incidence of skin diseases continues, especially in those due to infection. This may be due to improved hygiene, better nutrition and the earlier treatment of cuts and abrasions by parents.

## CHIROPODY

Monthly chiropody sessions continued throughout the year. Miss M. E. Winstanley, M.Ch.S., saw thirty-four children, who made sixty-seven attendances for treatment of corns, callosities and minor foot defects.

## VISUAL DEFECTS

Good sight is essential for a child to benefit to the maximum degree from education. A system of annual vision testing of all children aged from 5 to 15 years, using Snellens Eye Card or "E" cards, is in operation. It is hoped that by regular vision testing one of several defects, which has in the past caused backwardness in the school work, will be removed.

	<i>New Cases</i>		<i>Old Cases</i>	
	1958	1959	1958	1959
Number of cases referred to Ophthalmic Clinic	146	142	337	323
Number of attendances made	184	180	370	341
Glasses prescribed	80	79	145	182

On 204 occasions the school doctor referred children to the Executive Council for repair or replacement of broken glasses under the National Health Service. In fourteen cases the applications were refused, as it was felt that undue negligence had been shown and the cost of these (£16 12s. 9d.) was borne by the Corporation.

Children suffering from squint were supervised at the hospital Ophthalmic Clinic, where orthoptic treatment was given when necessary.

## EAR, NOSE AND THROAT DEFECTS

The number of children suffering from otitis media was small. Of the 455 school leavers examined, sixteen had a history of previous otitis media and four had defective hearing. We are now reaping the fruits of the wide range of antibiotics and chemotherapy which prevent infection spreading and causing severe damage to the ears.

As in the case of a visual defect, deafness can severely retard schooling and great attention is being paid to testing every child's hearing at routine medicals. The class teachers, who may be the first person to suspect a hearing defect, are becoming more aware of its effect upon a child's education and are co-operating well in bringing such a child forward. It is hoped that in the near future routine audiometric testing will be carried out on all infant school children. At present the audiometer is used almost entirely for children needing a more delicate form of test, who have failed the initial test carried out by the School Medical Officer.

## ORTHOPAEDIC DEFECTS

Children suffering from significant defects continue to be referred to the hospital orthopaedic department for advice and treatment.

As a result of the annual reviews of children during physical education sessions, there has been more opportunity for picking out defects in posture and feet which require either treatment or observation. The slack posture of the early adolescent may finally cure itself or on the other hand may be a warning of some true defect requiring specialist treatment at the time or later on.

### *Foot Exercises*

Total number of children who attended	..	..	36
Total number of attendances made	..	..	292

### *Postural and Breathing Exercises*

Total number of children who attended	..	..	25
Total number of attendances made	..	..	181
Referred to Chelsea College	..	..	30

This treatment clinic is additional to that already in operation in schools suitable for the purpose, and the exercises were given by the third-year students from the Chelsea College of Physical Education. These classes, wherever held, are of very definite benefit to the children.

## OTHER DEFECTS

Colds and respiratory infections remain the chief causes of absenteeism from school.

In agreement with the findings in other areas of the country there are children in this Authority's schools who show signs of chronic fatigue. When asked about their home life, late nights appear to be the common factor and bedtime can often be assessed by a knowledge of the previous night's television programmes ! It is not uncommon

to discover six-and seven-year-olds going to bed at 10 p.m. The children's health and capacity for learning suffer, but the parents either lack control and insight, or are too enslaved by the television set to bother at all !

### REPORT OF THE SPEECH THERAPIST

Although the holding of speech clinics in schools is not entirely satisfactory, the attendance at those clinics has on the whole been higher than attendances at the clinics held at Avenue House and Acacia Villa. I would like to thank the teachers concerned for their interest and help which they have given to the children in the schools which I have visited during the year.

Once again the tape recorder has proved most valuable as an aid to speech therapy treatment.

Throughout the year, speech therapy clinics were held weekly at Avenue House, Acacia Villa (Seaside), Hampden Park Infants' School, the Downs School, Swallows Nest E.S.N. School, the Occupation Centre and Bourne Infants' School from June, 1959.

	<i>Sessions</i>	<i>Cases</i>
Avenue House and Acacia Villa . . . . .	224	39
Hampden Park Infants' School . . . . .	39	20
The Downs School (including Old Town)	38	15
Swallows Nest E.S.N. School . . . . .	40	28
Bourne Infants' School . . . . .	21	16
Occupation Centre . . . . .	38	15
	<hr/> 400	<hr/> 133
Number of attendances made by children of school age . .		2,205
Number of visiting sessions to schools and homes until June, 1959 . . . . .		19
Number of cases under school age treated during the year		17
Number of attendances made by children under school age		189
Number of attendances made by cases at the Occupation Centre . . . . .		388
One case over school age made 15 attendances.		

<i>Type of defect treated (children of school age)</i>	<i>Cases</i>	<i>Discharged</i>
Stammer . . . . .	22	8
Dyslalia . . . . .	40	15
Sigmatism . . . . .	27	11
Delayed Speech . . . . .	8	4
Spastic Speech . . . . .	2	—
Deafness . . . . .	5	1
Cleft Palate Speech . . . . .	3	1
Other Defects . . . . .	11	3
	<hr/> 118	<hr/> 43



<i>Type of defect treated (children under school age)</i>					<i>Cases Discharged</i>	
Stammer	..	..	..	..	3	1
Dyslalia	..	..	..	..	6	1
Delayed Speech	..	..	..	..	7	1
Deafness	..	..	..	..	1	—
					17	3
					—	—

Number of new cases referred during the year .. .. 118

Number of cases under treatment at the end of the year .. 75

KATHLEEN HANSFORD,  
*Speech Therapist.*

## 6. CHILD GUIDANCE SERVICE

### REPORT OF THE CHILD PSYCHIATRIST

This report represents the work done by the Child Guidance team on behalf of children living in the County Borough of Eastbourne. We would wish to draw attention to the fact that children in the surrounding area of East Sussex also come within the scope of the Clinic. The proportion of referrals for the current year was 87.5 per cent. Eastbourne cases.

*Staff Changes.* The clinical work during the year has been considerably handicapped by the fact that our full-time Psychiatric Social Worker, Mrs. Scott, left in January, 1959, and although we were grateful for the help that Miss Kemp gave us during the year, one has to bear in mind that she had no training as a Social Worker and her services were only part-time. In spite of this we are pleased to report that, although there was an increase in the number of cases referred during the year, we finished the year with a smaller waiting list than the previous year.

DORIS K. SMALL,  
*Psychiatrist.*

### *Statistics relating to Eastbourne children*

Number of Sessions	..	..	..	..	128
Cases seen:					
Old	..	..	..	..	69
New	..	..	..	..	48
					— 117
Total number of attendances	..	..	..	..	829
New cases referred during 1959	..	..	..	..	84
Old cases re-referred during 1959		..	..	..	26
Cases treated:					
By Psychiatrist	..	..	..	..	117
By Psychologist	..	..	..	..	96
					— 213



*Waiting List (including re-referrals):*

1st January, 1959	..	..	..	..	24
31st December, 1959	..	..	..	..	19

*Analysis of cases referred and re-referred:*

A. *Source:*

School Health Service	..	..	..	59
Schools..	..	..	..	2
Parents ..	..	..	..	10
Probation Officers	..	..	..	7
Children's Officers	..	..	..	4
General Practitioners	..	..	..	15
Hospitals	..	..	..	7
Other Agencies	..	..	..	6
				— 110

B. *Problems:*

Personality and Nervous Problems	..	..	28
Habit Disorders	..	..	6
Behaviour Disorders	..	..	24
Educational and Vocational Problems	..	..	48
Delinquency	..	..	4
			— 110

*Analysis of cases seen during 1959:*

A. *By Psychiatrists:*

Diagnosis	..	..	..	..	48
Treatment	..	..	..	..	69

NOTE: Seventy parents were seen by Psychiatrists.  
Number of attendances: 88

*Analysis of Diagnostic Cases:*

Diagnosis and Advice	..	..	..	7
Treatment and Case Closed	..	..	..	—
Under treatment	..	..	..	21
Awaiting Treatment	..	..	..	11
Periodic Supervision	..	..	..	9

NOTE: Treatment includes a number of children who were later taken on for treatment after diagnosis and were therefore included in the "Treatment" figure.

*Analysis of Treatment Cases (including those first seen in 1959):*

Satisfactorily Adjusted	..	..	..	2
Much Improved	..	..	..	3
Slightly Improved	..	..	..	3

*Analysis of Treatment Cases—(contd.)*

Still under Treatment .. .. .	14
Withdrawn .. .. .	19
Periodic Supervision .. .. .	43

B. *By Psychologist:*

Cases treated .. .. .	51
For ascertainment of I.Q. .. .. .	85

*Analysis of Ascertainment Cases:*

Advice regarding education .. .. .	41
Vocational guidance .. .. .	3
Personality tests .. .. .	—
Maladjusted .. .. .	39
Attainment tests .. .. .	2

*Remedial Teaching Cases:*

Receiving remedial teaching at end of 1959	10
Discharged during 1959.. .. .	7

C. *By Psychiatric Social Worker:*

Social Histories .. .. .	50
Clinic Interviews .. .. .	234
School Visits .. .. .	—
Home Visits .. .. .	111

## 7. HANDICAPPED CHILDREN

The following table shows the number of children on the Register of Handicapped Pupils at the end of the year:

	<i>In Residential Special Schools</i>	<i>In Day Special Schools</i>	<i>In Ordinary Schools</i>	<i>In Hospital Schools</i>	<i>At Home</i>	<i>Total</i>
Partially Sighted ..	1	—	1	—	1	3
Blind ..	—	—	—	—	—	—
Partially Deaf ..	1	3	4	—	—	8
Deaf ..	5	—	—	—	—	5
Delicate ..	4	20	12	—	—	36
Physically Handicapped ..	2	21	3	—	1	27
Educationally Sub-normal ..	3	61	—	—	2	66
Epileptic ..	1	1	—	—	—	2
Maladjusted ..	3	—	2	—	—	5
	<hr/> 20	<hr/> *106	<hr/> 22	<hr/> —	<hr/> 4	<hr/> 152

\* Includes five children from other Authorities

## EPILEPTICS

There are fifteen children who are known epileptics attending ordinary schools in the town (not on the Register of Handicapped Pupils).

## EDUCATION ACT, 1944, SECTION 57

Children notified to the Local Health Authority:

Under Section 57 (3)	..	..	..	..	7
Under Section 57 (5)	..	..	..	..	1

Of the above, seven children were notified as being incapable of receiving education at school, and the other child had reached the statutory school-leaving age and was reported to the Local Health Authority as requiring supervision after leaving school.

## SWALLOWS NEST DAY SCHOOL

				<i>Boys</i>	<i>Girls</i>
Number on roll, January, 1959	..	..	..	46	20
Admissions	..	..	..	8	6
Readmissions	..	..	..	1	—
Leavers	..	..	..	14	6
Number on roll, December, 1959	..	..	..	41	20

The leavers are accounted for as follows:

Left the district	..	..	..	1	1
Left on medical grounds	..	..	..	6	3
Reached statutory leaving age	..	..	..	3	2
Transferred to Secondary Modern School	..	..	..	3	—
Transferred to other schools	..	..	..	1	—

Mr. S. Moss, Headmaster, reports:

During the year the number of children leaving the school has exceeded our admissions. This fluctuation of numbers from year to year is to be expected until we have settled into a regular pattern of admission. All the children who left because they had reached the statutory leaving age are working, and highly satisfactory reports have been received about each one.

The year has been full of activity as usual. Children took part in the Junior Sports and the Junior Swimming Gala. We were the host school for the East Sussex Special Schools' Sports, held on the Princes Park Oval. After the sports we entertained all the competitors to tea at school. We were proud of the way our competitors ran, but we were even more proud of the way they showed the other children round the school, looked after them at tea, and played games with them in the yard afterwards.

We had our usual number at camp for a week, and we were blessed with better weather than we have had in previous years. The "old hands" quickly settled in, and they got the "amateurs" organised, and the staff noticed how much easier things now run. We must not

forget that much of the success of camp is due to the help we get from the Chelsea College students—and we had some particularly good ones this year.

In July we took fifty-six of the children to Whipsnade Zoo. It was a marvellous day—all 13½ hours of it—and everyone had a really good day out. Our thanks are due to the Eastbourne Round Table for the gift they made to us which helped us to take more children than could have gone because of the cost.

Our swimming goes well ! We have now over thirty children who can swim—thanks again to Chelsea College.

We were again honoured with the presence of the Mayor and Mayoress at our Open Day. The number of visitors was so large that we had difficulty in seating them.

Our new school is no longer nebulous, and we are looking forward to the time when we shall not be so isolated.

S. Moss, L.C.P.  
*Headmaster.*

Downs School, Beechy Avenue, Eastbourne

Forty-seven children were on the register of the Downs School at the beginning of the year and were classified as follows:

Delicate	..	..	..	..	25
Physically Handicapped	..	..	..	..	20
Partially Deaf	..	..	..	..	2
					—
					47
					—
Number of admissions	..	..	..	..	10
Children left for the following reasons:					
Transferred to ordinary schools	..	..	..	..	4
School leavers	..	..	..	..	1
Admitted to residential special schools	..	..	..	..	1
Left the district	..	..	..	..	4
Excluded from school on medical grounds	..	..	..	..	1
Deceased	..	..	..	..	1
					—
					12
					—

The number of children on the register at the end of the year was:

Delicate	..	..	..	..	20
Physically Handicapped	..	..	..	..	21
Partially Deaf	..	..	..	..	3
Epileptic	..	..	..	..	1
					—
					45
					—

Miss B. A. PAYNE, Head Teacher, reports:

During the year 1959 we were glad to learn that a Board of Governors had been appointed to serve the school, and we feel that we have already benefited by their personal interest and help.

Twenty-five children, whose ages ranged from 5-15 years, attended our annual camp at Wannock Farm in ideal weather. They were joined by the non-campers for a day's outing to Bexhill, which was thoroughly enjoyed.

In July we held our first Swimming Gala at the Devonshire Baths. A comprehensive programme showed how great a part swimming can play in the lives of handicapped children, and awards were presented by Mr. J. C. Aspden, the Chief Education Officer.

The cookery class was most successful, and the six members entertained their parents and the staff to a delightful garden party, at which they served a variety of dainties which they had cooked earlier in the afternoon.

Coloured slides of school activities were shown at the close of the Open Day in July, and in December there were two performances of the Carol Concert at which collections were taken for world refugees.

As only one class of St. Mary's Infants remained after the summer holidays, the senior class was able to return to a classroom after nearly four years in the cramped conditions of the clinic.

B. A. PAYNE,  
*Headmistress.*

## 8. SPECIAL TUITION (HOME AND HOSPITAL)

Two children had home tuition in 1959. They suffered from haemophilia and a psychiatric disorder.

Two children received education whilst in hospital special schools.

		<i>Males</i>	<i>Females</i>
Guy's Eveline Hospital Special School	..	—	1
Hospital for Sick Children	.. ..	1	—

In addition four children received tuition for short periods whilst they were in hospital.

## 9. DENTAL CLINIC

### REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

#### SESSIONS

The number of sessions devoted to inspection and treatment were:

The Principal School Dental Officer	..	..	..	456
School Dental Officer	..	..	..	396

Of these 47 sessions were devoted to inspections and 805 to treatment. In addition, the Orthodontic Specialists carried out 92 sessions.



## GENERAL SERVICES

At the 47 sessions devoted to periodic inspections, 5,845 children were seen in the following age groups:

### *Number of individual children inspected during 1959:*

Age	..	..	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
Inspected	..	..	116	445	491	415	502	561	572	690	688	538	466	248	75	31	7	5,845

At the request of parents, a further 111 children were inspected at the clinic. Of the gross total of 5,956 children inspected, 2,593, a percentage of 43, were found to require treatment. The number of sessions devoted to treatment was 805 and 1,963 children made 7,060 attendances.

The following is a summary of the treatment given:

#### *Fillings:*

Permanent teeth	..	..	..	..	2,639
Temporary teeth	..	..	..	..	210
					— 2,849

#### *Number of teeth filled:*

Permanent teeth	..	..	..	..	2,168
Temporary teeth	..	..	..	..	181
					— 2,349

#### *Extractions:*

Permanent teeth	..	..	..	..	498
Temporary teeth	..	..	..	..	1,169
					— 1,667

<i>Administration of general anaesthetics</i>	..	..			898
---	----	----	--	--	-----

#### *Other Operations:*

Permanent teeth	..	..	..	..	3,550
Temporary teeth	..	..	..	..	420
					— 3,970

## ORTHODONTICS

Cases commenced during the year	..	..	..	104
Cases carried forward from previous year	..	..	..	94
Cases completed during the year	..	..	..	50
Cases discontinued during the year	..	..	..	16
Pupils treated with appliances	..	..	..	87
Removable appliances fitted	..	..	..	97
Fixed appliances fitted	..	..	..	27
Total attendances	..	..	..	1,286
Number of pupils supplied with artificial teeth	..	..	..	13

During the year, 5,845 children were seen at the routine inspections carried out on the school premises. These, together with 111 special applications for dental attention made a total of 5,956 children seen. Of these, 2,593 were found to require treatment, an increase of 2 per cent. over the previous year. This small increase cannot, I feel, be

regarded with any special significance, and the general dental condition of children here remains relatively satisfactory. At these inspections, it was very noticeable that as the age of the child increases, so do the numbers found to require treatment. From the figure of 35 per cent. referred for treatment at some infant schools, we mount to 60 per cent. needing treatment among the fourteen-year age group at some of the senior schools. It is important, therefore, that as these older groups seem particularly prone to suffer from interstitial caries, a regular check should be made to ensure early treatment for these defects.

Of those referred for treatment, 1,963 were actually treated, making an acceptance rate of 76 per cent. These routine inspections occupied 47 sessions, and 897 sessions were devoted to treatment.

Two thousand, six hundred and thirty-nine fillings were inserted into permanent teeth, and 210 into temporary teeth. Extractions totalled 1,667, of which 498 were permanent teeth. The majority of these extractions were carried out under general anaesthesia, nitrous oxide and oxygen from a McKesson Anaesthesor machine, with the additional use upon occasions of a trilene vaporiser. Seventeen artificial dentures were also constructed, replacing in most cases, front teeth lost by traumatic injury.

Radiological examinations were carried out on 294 children and 639 films were used. The use of our own X-ray apparatus has proved of inestimable value in diagnosis and treatment planning.

The greater part of the treatment was carried out at the main clinic at Avenue House, but to avoid unnecessary loss of school time, conservative work was carried out on the school premises at Ratton, Hampden Park Secondary, Highfield and Langney Primary Schools.

As the demand for orthodontic treatment has continued to be heavy, it was found necessary to increase, in March, the one weekly specialist sessions to two weekly sessions. Mr. Norman Gray, assisted by his partner Mr. H. G. Griffith and by Mr. J. W. Martin, the School Dental Officer, has carried out 51 special orthodontic sessions, and Mr. Roger Abbey, assisted by his partner Mr. D. W. Martin, has carried out 41 sessions. The introduction of an additional specialist session under Mr. Abbey has helped to make considerable inroads into the orthodontic waiting list, and 104 new patients were taken on during the year. At the end of the year, 23 children were awaiting orthodontic treatment.

An event of considerable interest during the year was the publication in May, by the British Dental Association, of the "Memorandum on the Dental Health of Children". After an extremely comprehensive survey of the problem, the memorandum sums up its conclusions with four main points for safeguarding and improving the dental health of children.

1. *Nutrition*, emphasising the importance of a varied and balanced diet, with adequate quantities of proteins, vitamins, calcium, phosphorus and the trace elements, particularly fluorine.

2. *Eating Habits* should be controlled and disciplined, avoiding eating between meals and consuming a minimum intake of refined sugars, and a maximum intake of raw and unrefined natural foods.

3. *Hygiene* of the mouth, necessitating regular tooth brushing and mouth rinsing after all meals.

4. *Routine Dental Inspections* and early treatment, the importance of which has already been mentioned in this report.

On the subject of dental health education, the memorandum lays squarely before the dental profession its duty to take a personal responsibility in inculcating its patients with those cardinal factors which play such a vital part in any dental health scheme. During the past year, owing to a slight easing of pressure on the purely technical aspect of our work, we have been able to devote more time to this question of the prevention of dental disease. I find that, at the end of a course of treatment and after scaling and polishing has been completed, an admirable opportunity occurs for giving simple advice and instruction both to the parents and children on such matters as diet, the least harmful time to indulge in sweet eating, the type of food with which to finish a meal, and concluding with a practical explanation and demonstration on the efficient use of the tooth brush. Although at times, the results of our efforts may seem disappointing, I do feel that there is apparent a gradual awakening to the implications of this problem and that an increasing interest is shown in any methods and suggestions that can be made to deal with it.

M. G. BERRY, L.D.S., R.C.S.,

*Principal School Dental Officer.*

## 10. FAMILIES WITH DIFFICULTIES AND PROBLEMS

The School Medical Officers and the Health Visitors are fully aware of the difficulties and problems which can occur from time to time even in the best ordered families and advice and guidance are given where necessary. Many parents look upon the School Health Service as something distant and distinct from home, but in fact it is interested in the school child physically, mentally and socially and any troubles affecting him at home have not only repercussions on his family, but also in school.

There are a number of families in Eastbourne who fall into the category of "problem families". The children tend to be neglected, become in time beyond control and are often in moral danger. In dealing with these families there is the closest liaison between the School Health Service and Social Workers involved. Especially difficult cases are considered and discussed by the Co-ordination Committee for Child Welfare, which is made up of the Superintendent Health Visitor, Senior Welfare Officer, Children's Officer, Housing Superintendent, School Attendance Officer, Probation Officer and

National Assistance Board representative. The Deputy Medical Officer of Health and Deputy Principal School Medical Officer acts as chairman of this committee. Twenty-three such families were helped, 16 of them being time-consuming.

I am especially indebted to Mr. B. H. Rich, the local Inspector of the National Society for the Prevention of Cruelty to Children for his ready co-operation and patient work in trying to help families with difficulties and problems. He directly assisted the Department in 13 cases, involving 37 children, of whom 18 were of school age. The cases were classified as follows:

Neglect	..	..	..	..	..	8
Advice sought	..	..	..	..	..	2
Beyond control	..	..	..	..	..	1
Immoral offences	..	..	..	..	..	1
Moral danger	..	..	..	..	..	1
						—
						13

134 visits were paid to these families.

Mr. Rich also dealt with 66 other families for the following reasons:

Neglect	..	..	..	..	..	23
Beyond control	..	..	..	..	..	4
Moral danger	..	..	..	..	..	1
Advice sought	..	..	..	..	..	34
Assault or ill-treatment	..	..	..	..	..	4
						—
						66

Of the 169 children in these families, 105 were of school age.

## 11. JUVENILE CRIME

The Chief Constable, Mr. R. W. Walker, has kindly supplied the following statistics:

					Males	Females
Convicted—conditional discharge	..	..	..	..	12	—
Probation	..	..	..	..	27	1
Approved school	..	..	..	..	3	—
Pending	..	..	..	..	1	—
Fined	..	..	..	..	9	—
Dismissed	..	..	..	..	1	—
Otherwise disposed of	..	..	..	..	3	—
					—	—
					56	1
Cautions	..	..	..	..	59	7
					—	—
					115	8
					—	—



## 12. EMPLOYMENT OF CHILDREN

The Department, in close co-operation with the Youth Employment Service, completed 455 medical reports during the year, in respect of children who were due to leave secondary modern schools, indicating, where necessary, types of employment likely to be unsuitable for medical reasons. One handicapped pupil was known to have made application for registration as a disabled person on leaving school.

Under the Byelaws, children of school age in employment must produce a medical certificate to the effect that their employment will not be prejudicial to their health or development and will not render them unfit to benefit fully from their education. This also includes children taking part in entertainment. Numbers of children examined in the last five years are as follows:

1955	1956	1957	1958	1959
140	152	201	197	228

## 13. PROVISION OF CLOTHING

EDUCATION (MISCELLANEOUS PROVISIONS) ACT, 1948, SECTION 5

Various articles of clothing were supplied by the Education Authority to 55 children from 37 families.

## 14. SCHOOL MEALS AND MILK

During 1959 the total number of meals served was 697,344, of which 20,408 were free. This compares with 671,688, which was the total for 1958, 24,816 of these being free.

The second instalment of the Ocklynge Junior Girls' School opened after the Easter holidays, so it was no longer necessary to transport meals from that kitchen.

A determined effort was made during the year to ensure that the required 20 grams of protein at the correct cost were included in each meal. Each Supervisor was issued with a list of about forty options showing the exact quantity of meat or its equivalent needed for the number of meals she served. As costs also were shown it was thus possible to keep the protein costs within the limit allowed for each week, unless, of course, the numbers varied to any great extent.

The Milk in Schools Scheme has continued to function and one-third pint bottles of milk are provided for all primary and secondary school children who wish to have them. The following table shows the number of children in maintained schools taking meals and milk on a day in October, 1959 and 1958.



	PRIMARY AND SECONDARY DEPARTMENTS					
	MEALS				MILK	
	<i>No. of Children in Schools</i>	<i>Free</i>	<i>Paid</i>	<i>Percentage taking Meals</i>	<i>Total taking Milk</i>	<i>Percentage taking Milk</i>
<i>A day in October</i>						
1959	6,729	99	3,140	51.6	5,397	85.6
1958	6,322	125	3,134	51.4	5,300	83.9

## 15. NOTIFICATION OF INFECTIOUS DISEASE

The following notifications of infectious disease in children of school age were received in the Department:

Scarlet Fever	..	..	..	..	..	8
Whooping Cough	..	..	..	..	..	6
Measles	..	..	..	..	..	264
Acute Pneumonia	..	..	..	..	..	1

## 16. TUBERCULOSIS

No cases of tuberculosis were notified in children of school age during the year.

### B.C.G. VACCINATION AGAINST TUBERCULOSIS

For some years children known to be contacts of cases of tuberculosis have been offered this vaccine (Bacille Calmette-Guérin) during the routine preventive measures taken by the Chest Physician and staff of this Department and in this connection 7 children of school age were vaccinated. Several other children were known contacts, but were found after a simple skin test to have acquired a degree of immunity.

In addition B.C.G. vaccination has been offered each year to all Mantoux negative children and this year the scheme was extended to children of 14 years and upwards and to students attending further educational establishments.

Details of children and young persons taking advantage of the scheme are as follows:

	<i>Skin Tested</i>	<i>Vaccinated</i>
13-year-olds	365	331
14-year-olds and upwards in school	24	21
Students	10	7

Thirty-three of the 365 thirteen-year-old children gave a positive Mantoux reaction indicating present or past tuberculosis infection. They were not vaccinated but were X-rayed. In the case of 22 children the chest X-rays were clear. The remaining 11 children are being kept under observation at the Chest Clinic.

There were two positive reactors in the 14+ age group who were both X-rayed. In the case of one child the chest X-ray was clear, but the other is being kept under observation at the Chest Clinic.

The three students who gave a positive Mantoux reaction were also X-rayed, but were found to be free from tuberculosis and therefore did not require observation at the Chest Clinic.

## 17. DIPHTHERIA IMMUNISATION

The number of children between the ages of 5 and 15 years immunised either by the medical staff of the Department or in respect of whom records were submitted by general medical practitioners is as follows:

	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Totals</i>
Primary Immunisation ..	8	34	42
Reinforcing Doses ..	384	58	442

Departmental records indicate that 6,211 out of the Registrar General's estimated population of 7,700 in this age group have been immunised, representing approximately 80 per cent.

## 18. DEATHS OF SCHOOLCHILDREN

Deaths of children of school age during the year were as follows:  
Girl, aged 7 years—Pontine tumour.

Boy, aged 5 years—Asphyxia due to drowning.

Boy, aged 13 years—1. (a) Acute pulmonary oedema.

(b) Nephritis.

2. (a) Operation transplantation of ureter for extroversion of bladder.

## 19. TRAINING COLLEGES

Close liaison is maintained between the Department and both training colleges in the town. Lectures were given by members of the staff to the students and three sessions at Eastbourne Training College and twelve sessions at Chelsea College of Physical Education were held during the year for medical examinations.

Valuable help was received from staff and students of Chelsea College in holding classes for handicapped children and those with minor postural and orthopaedic defects. These were held not only in the clinic, but also in schools and in the swimming bath and gave children the benefit of individual specialist attention.

MINISTRY OF EDUCATION  
MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1959

*Local Education Authority:* EASTBOURNE C.B.

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1960, as in Form 7, 7 M. and 11 Schools . . 6,642

NOTE: Tables A, B and C relate only to medical inspections of pupils attending maintained schools prescribed in Section 48 (1) of the Education Act, 1944.

**Part I**

**Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)**

TABLE A—PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected (By year of birth)</i>	<i>No. of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		SATISFACTORY		UNSATISFACTORY	
		<i>No.</i>	<i>Percentage of Col. 2</i>	<i>No.</i>	<i>Percentage of Col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	—	—	—	—	—
1954	279	278	99.64	1	.36
1953	82	82	100	—	—
1952	18	18	100	—	—
1951	17	17	100	—	—
1950	17	17	100	—	—
1949	78	78	100	—	—
1948	493	490	99.39	3	.61
1947	44	43	97.73	1	2.27
1946	21	20	95.24	1	4.76
1945	149	149	100	—	—
1944 and earlier	663	663	100	—	—
TOTAL	1,861	1,855	99.68	6	.32

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

NOTES: Pupils found at periodic inspections to require treatment for a defect should not be excluded from Table B by reason of the fact that they were already under treatment for that defect. Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

<i>Age Groups Inspected (By year of birth)</i> (1)	<i>For Defective Vision (excluding Squint)</i> (2)	<i>For any of the other conditions recorded in Part II</i> (3)	<i>Total individual pupils</i> (4)
1955 and later	—	—	—
1954	5	39	40
1953	5	15	18
1952	—	2	2
1951	—	2	2
1950	—	1	1
1949	11	15	23
1948	75	58	116
1947	10	9	19
1946	6	4	7
1945	22	19	37
1944 and earlier	129	53	167
TOTAL	263	217	432

TABLE C—OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	..	..	..	452
Number of re-inspections	..	..	..	1,390
			Total	1,842

TABLE D—INFESTATION WITH VERMIN

NOTES: All cases of infestation, however slight, should be included in Table D. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	8,865
(b) Total number of individual pupils found to be infested	55	
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	.. .. .	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	.. .. .	—

## Part II

### Defects Found by Medical Inspection during the year

TABLE A—PERIODIC INSPECTIONS

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin .. ..	3	14	15	28	13	22	31	64
5	Eyes:								
	a. Vision .. ..	10	59	118	18	135	50	263	127
	b. Squint .. ..	9	5	9	4	18	9	36	18
	c. Other .. ..	2	4	2	4	6	12	10	20
6	Ears:								
	a. Hearing .. ..	5	17	2	11	3	24	10	52
	b. Otitis Media .. ..	2	—	1	2	—	4	3	6
	c. Other .. ..	—	2	1	—	2	2	3	4
7	Nose and Throat .. ..	4	43	1	16	5	19	10	78
8	Speech .. ..	12	17	3	9	7	12	22	38
9	Lymphatic Glands .. ..	3	41	—	7	2	8	5	56
10	Heart .. ..	1	7	2	10	2	15	5	32
11	Lungs .. ..	—	9	1	9	4	11	5	29
12	Developmental:								
	a. Hernia .. ..	1	3	1	2	—	2	2	7
	b. Other .. ..	1	19	1	3	3	20	5	42
13	Orthopaedic:								
	a. Posture .. ..	2	11	14	53	13	31	29	95
	b. Feet .. ..	7	13	3	8	12	13	22	34
	c. Other .. ..	6	16	12	41	9	31	27	88
14	Nervous System:								
	a. Epilepsy .. ..	1	1	—	—	1	1	2	2
	b. Other .. ..	—	—	1	—	2	6	3	6
15	Psychological:								
	a. Development .. ..	1	13	—	2	2	7	3	22
	b. Stability .. ..	—	14	2	12	4	21	6	47
16	Abdomen .. ..	—	1	—	2	2	2	2	5
17	Other .. ..	5	8	3	19	6	20	14	47



TABLE B—SPECIAL INSPECTIONS

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		<i>Pupils requiring Treatment</i> (3)	<i>Pupils requiring Observation</i> (4)
(1)	(2)		
4	Skin .. .. .	8	—
5	Eyes:		
	<i>a.</i> Vision .. .. .	18	1
	<i>b.</i> Squint .. .. .	2	—
	<i>c.</i> Other .. .. .	2	1
6	Ears:		
	<i>a.</i> Hearing .. .. .	7	2
	<i>b.</i> Otitis Media .. .. .	—	—
	<i>c.</i> Other .. .. .	1	—
7	Nose and Throat .. .. .	15	—
8	Speech .. .. .	21	2
9	Lymphatic Glands .. .. .	—	—
10	Heart .. .. .	1	1
11	Lungs .. .. .	6	—
12	Developmental:		
	<i>a.</i> Hernia .. .. .	—	—
	<i>b.</i> Other .. .. .	8	3
13	Orthopaedic:		
	<i>a.</i> Posture .. .. .	4	1
	<i>b.</i> Feet .. .. .	17	1
	<i>c.</i> Other .. .. .	6	—
14	Nervous System:		
	<i>a.</i> Epilepsy .. .. .	—	—
	<i>b.</i> Other .. .. .	—	2
15	Psychological:		
	<i>a.</i> Development .. .. .	—	—
	<i>b.</i> Stability .. .. .	23	2
16	Abdomen .. .. .	—	1
17	Other .. .. .	26	4

### Part III

#### Treatment of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

NOTES: This part of the return should be used to give the total numbers of:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and

- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .. .. .	39
Errors of refraction (including squint) .. .. .	473
TOTAL .. .. .	512
Number of pupils for whom spectacles were prescribed .. .. .	261

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear .. .. .	5
(b) for adenoids and chronic tonsillitis .. .. .	69
(c) for other nose and throat conditions .. .. .	2
Received other forms of treatment .. .. .	103
TOTAL .. .. .	179
Total number of pupils in schools who are known to have been provided with hearing aids:	
*(a) in 1959 .. .. .	2
(b) in previous years .. .. .	7

\* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments .. .. .	46
(b) Pupils treated at school for postural defects including pupils attending Chelsea College, schools and Avenue House for posture exercises .. .. .	74
TOTAL .. .. .	120

TABLE D—DISEASES OF THE SKIN

(excluding uncleanness, for which see Table D of Part I)

					<i>Number of cases known to have been treated</i>
Ringworm:					
(a) Scalp	..	..	..	..	—
(b) Body	..	..	..	..	2
Scabies	..	..	..	..	7
Impetigo	..	..	..	..	28
Other skin diseases	..	..	..	..	272
TOTAL					309

TABLE E—CHILD GUIDANCE TREATMENT

					<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics:					
By Psychiatrist	..	..	..	..	117
By Psychologist	..	..	..	..	95

TABLE F—SPEECH THERAPY

					<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists					118

TABLE G—OTHER TREATMENT GIVEN

					<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	..	..	..	..	154
(b) Pupils who received convalescent treatment under School Health Service arrangements					—
(c) Pupils who received B.C.G. vaccination	..	..	..	..	364
(d) Other than (a), (b) and (c) above. Please specify					—
TOTAL (a)–(d)					518

# **Part IV** **Dental Inspection and Treatment carried out by the Authority**

(1) Number of pupils inspected by the Authority's Dental Officers:					
(a) At Periodic Inspections	..	..	..	5,845	
(b) As Specials ..	..	..	..	111	
				—	5,956
(2) Number found to require treatment	..	..	..		2,593
(3) Number offered treatment	..	..	..		2,593
(4) Number actually treated	..	..	..		1,963
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)					
	..	..	..		8,080
(6) Half days devoted to:					
(a) Periodic (School) Inspection	..	..	..	47	
(b) Treatment	..	..	..	897	
				—	944
(7) Fillings:					
(a) Permanent Teeth	..	..	..	2,639	
(b) Temporary Teeth	..	..	..	210	
				—	2,849
(8) Number of Teeth Filled:					
(a) Permanent Teeth	..	..	..	2,168	
(b) Temporary Teeth	..	..	..	181	
				—	2,349
(9) Extractions:					
(a) Permanent Teeth	..	..	..	498	
(b) Temporary Teeth	..	..	..	1,169	
				—	1,667
(10) Administration of general anaesthetics for extraction	..				898
(11) Orthodontics:					
(a) Cases commenced during the year	..	..			104
(b) Cases brought forward from previous year	..	..			94
(c) Cases completed during the year..	..	..			50
(d) Cases discontinued during the year	..	..			16
(e) Pupils treated with appliances	..	..			87
(f) Removable appliances fitted	..	..			97
(g) Fixed appliances fitted	..	..			27
(h) Total attendances	..	..	..		1,286
(12) Number of pupils supplied with artificial teeth	..	..			13
(13) Other operations:					
(a) Permanent Teeth	..	..	..	3,550	
(b) Temporary Teeth	..	..	..	420	
				—	3,970

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